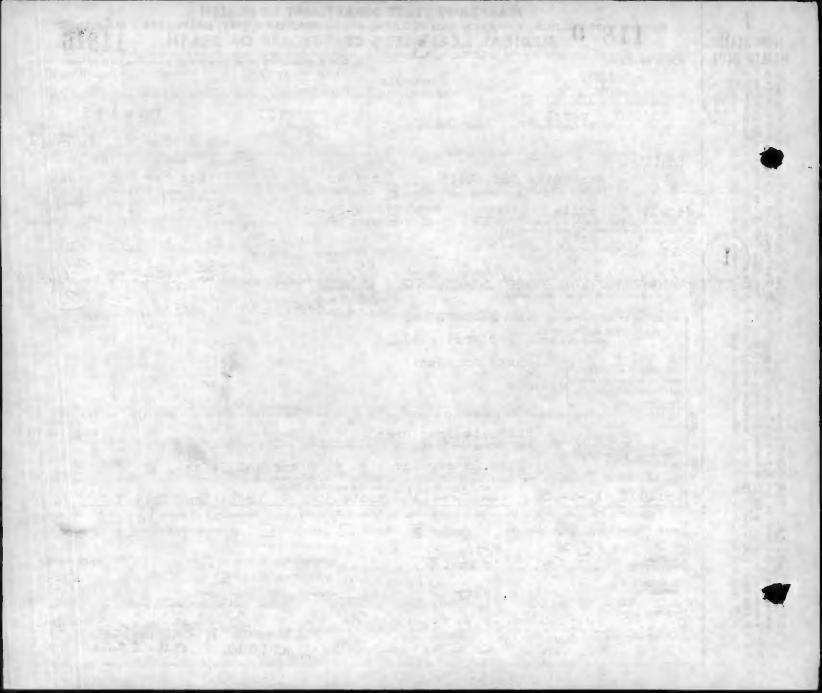
FOR STATE HEALTH DEPT. TO DECOME TO MIDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any lefay is necessary, please, acute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the grad director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retarded for your files. IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File ragges, I and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 12 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11	O () MEDICA	L EXAMINER'S	CERTIFICAT	E OF DEAT	H 11	1816
1. PLACE OF DEAT e. COUNTY TA	LBOT	tem / FlimG2/:	2. USUAL RESIDENCE. STATE MARY	CE (Where decessed lived LAND b. CO		ARUNDEL
	(if outside corporete limits, d give neerest town)	c. LENGTH OF STAY IN 16		f outside corporete limits, v		
EASTO			ANNAPOL	IS	PObr 1	
d. NAME OF HOSP	ITAL OR INSTITUTION (if not in h	ospital, give street eddress)	d. STREET ADDRESS	0	1X-7	ON A FARM? YES NO NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE M	onth De	ey Yeer
(Type or print)	Geraldine Eli	zabeth Ar	miger	The second second	ober 6	1960
5. SEX	6. COLOR OR RACE 7. MARR	JED NEVER MARRIED 18	. DATE OF BIRTH		POTS IF UNDER 1 YEA	
female	white wow	/ED DIVORCED	2-27-41	lest birthde 19 yn	Momms Doy.	s Hours Min.
10e. USUAL OCCUPA	TION (Give kind of work orking life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote	POLIS N	D 12. CITIZEN	S. A.
13. FATHER'S NAME	ion La	rmiger	Mildrea	NAME OF PARTY	, Jan. 11	E COLLISO,
	VER IN U.S. ARMED FORCES? 16 (If yes give wer or detes of service)	s. SOCIAL SECURITY NO. 17.	Wildred	C. ari	niger	. (2)
	DEATH [Enter only one cause per	line for (e), (b), end (c).]				INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY, IMMEDIATE CAUSE (6) Frac	tured skull				CHISCI AND DEATH
Conditions, if en	N BULL TO	accident				
geve rise to immed (e), steting the	> OUE TO					
cause lest.	(c)					
PART II. OTHE	ER SIGNIFICANT CONDITIONS CO	ple fractures	T RELATED TO THE TERMIN	NAL DISEASE CONDITION	GIVEN IN PART 1(e.	19. WAS AUTOPSY PERFORMED? YES NO TO
20a. EXTERNAL C		RIBE HOW INJURY OCCURED. I	nter nature of injury in Per	t Lor Pert II of item 18.)		1 40 [30
PRIMARY OF CAUSE OF DEATH	ONTRIBUTING []					
	Labo	.in car involv			(County)	(Stete)
5:15 P.	10-6-6010 Wh	ile Not While fact	ory, street, office bldg., etc.)		24.1
- print	- 17		oute 50	inr Easton	Talbot	Ma
	that I took charge of the re			- ULL		nd in my opinion
death resulted	from: Natural causes	Accident X Suic	ide, Homicide	Undetermined	manner _	
ACTUAL	£0. /1	Mart	CHIEF MEDICAL I			DATE SIGNED
SIGNATURE	Juni/	· vally	M.D. ASSISTANT MED			
EXAMINER'S NAME (Type)	Louis S.W	elty	DEPUTY MEDICAL Address (Street, o	EXAMINER X		10-6-60
220. BURIAL, CREMATI	ON, 225. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, h	own, or country)	(Stete)
Benoval (Specif	10-9-1960	Hillerest	Memorial	Uma	polio	mal
23. FUNERAL DIRECTO	on 4 1.C	ADDRESS	20 1 1 2 2 1	D BY REGISTRAR 246.	REGISTRAR'S SIGNA	



TO HOSPITAL may be

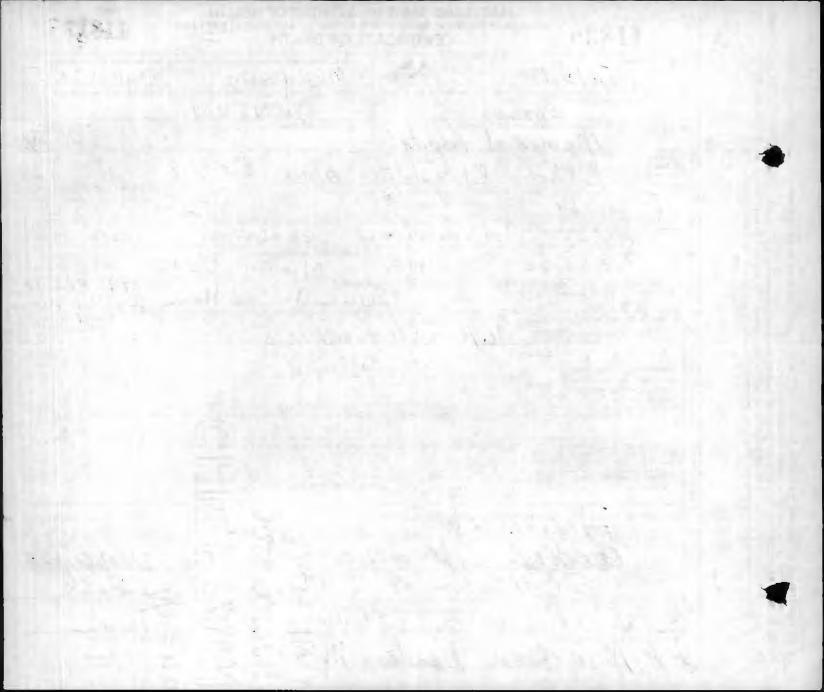
YR A15 (4) 1SM 9/SP

11839

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11817

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. COUNTY TA/bot MARYLAND	"MARYLAND "COUNTY CAROLENE
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits; write RURAL and give nearest fawn)
EASTON .	1)ENTON
d. NAME OF HOSPITAL (If pat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Memorial Hospital	YES NO N
3. NAME OF DECEASED (Type or print) B. the Elizabeth	BIAIR 4. DATE OF Month Day Year DEATH OCT. 21 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF I	
13. FATHER'S NAME CEORGE BLATR	MARY DOYE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)	Wedney Juneal Home Duricy Tras
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACTE ENTER	0-20101713 C INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which) the SCHI	PCP1312
gave rise to immediate cause (a), stating the under-	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	D. (Enter nature of injury in Part I or Part II of item 1B.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED for the p. m. 19 While at wark at wark	ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) clary, street, affice bldg., etc.)
I A LIVE SATING	death occurred at 12 M, from the couses and an the date stated above.
22a. SIGNATURE COLUMNIA	M.D. PHYS. DIRECTOR PHYS A 210clober (SIGNED
22c. PHYSICIAN'S E.C. HSchnigh	22d. ADDRESS Maylor Maylord
230. BHRIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OF 26 PRINCIPLE COLUMNIES	T. Maryo Oceanes News.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE



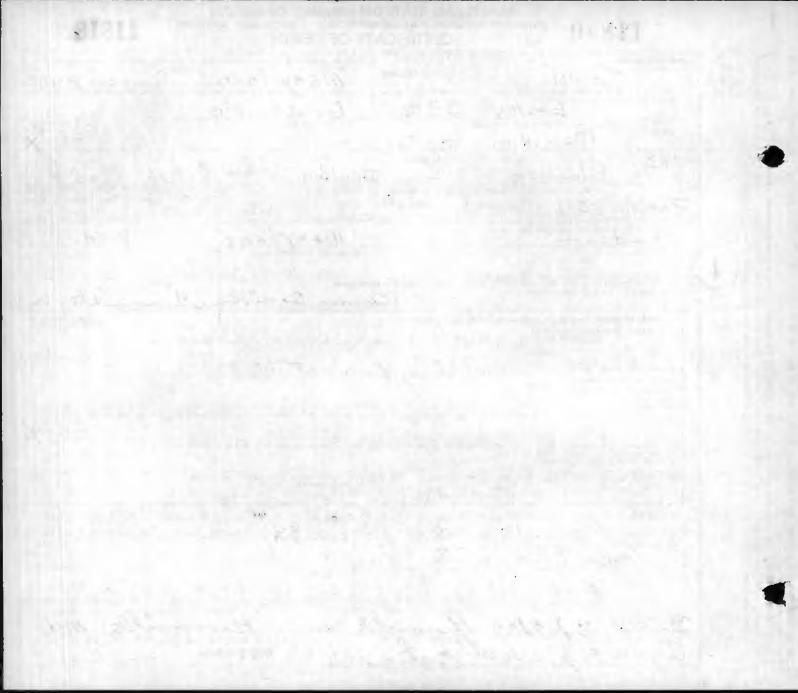
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11840

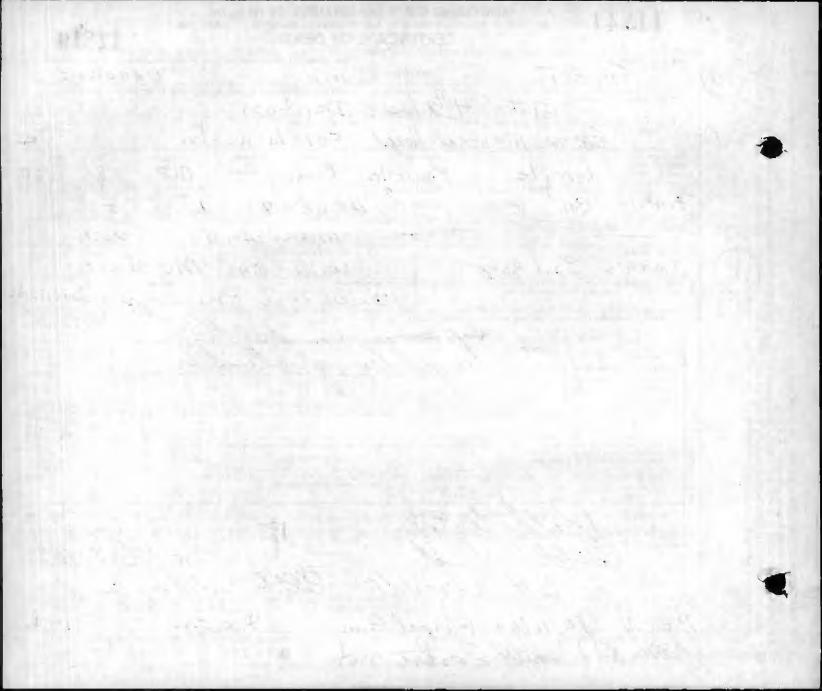
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	1	R	1	8
4.			4.	

		- CLKIII IC		0202 2 7	67 at		
1. PLACE C		tems o, y, 1), 1	2. USI	IAL RESIDENCE (When	re deceased lived. If in:		perare admission)
a. COUN	TAIDOT	MARYLAN	ND a	MARVI	and b. COL	24.00	n Anne
	OR TOWN (If autside carporate limits, w	rite c. LENGTH OF STAY IN	1b . c. (ITY OR TOWN (If au	tside corporate límits, w	rite RURAL and give	nearest town)
KUKA	L and give nearest town) EAS to	N 23 da.		Grasov	21/16		
	E OF HOSPITAL (If not in haspital, give		, d.	STREET ADDRESS		1- 50	e. IS RESIDENCE ON A FARM?
OKI	NSTITUTION Memoria	+1 Hospital				17%-	YES NO
3. NAME C DECEAS (Type or	ED C	Middle L.	Bou	uldin	4. DATE OF DEATH	Manth /9	760 19
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE	OF BIRTH	9. AGE (In y		EAR IF UNDER 24 HRS
Ten	1416	DOWED DIVORCED		gust 13,1		yrs.	<i>'</i>
10o. USUAL during	LOCCUPATION (Give kind of work dans (mast of working life, eyen if retired)	106. KIND OF BUSINESS OR IN	NDUSTRY 11	BIRTHPLACE (State o	r fareign country)		OF WHAT COUNTRY
617	u dent			MARY	And	u	5.A,
13. FATHER	'S NAME	-	14, A	OTHER'S MAIDEN NA	AME		
) 0	Carlton Monroe Box	nldin		Anna Char	lotte Wilm	er	
	ECEASED EVER IN U. S. ARMED FORCES	? 16. SOCIAL SECURITY NO. 1	7, INFORMA		00- 0	Address	7. 1
41.00	(II yes, gris was as cases of surviva		an	w Ben	Lelin, 12	www	ele, mo
18. CA	AUSE OF DEATH [Enter anly one cause	per line for (a), (b), and (c).					INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Volumberon	70 mo	Leurn	unter te	110	ONSET AND DEATH
	DUE TO		0				2.1.
Cane	Alekana di mana antika N	reniltain	1, m	unt. o	hst.		Sung
gave	rise to immediate	many .	()	7 200110	0017		
	(a), stating the <u>under-</u>						
z	PART II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH	BUT NOT RE	LATED TO THE TERMIN	IAL DISEASE CONDITIO	N GIVEN IN PART 1(g) 19. WAS AUTOPSY
CATION							PERFORMED?
	CCIDENT WAS UNDERLYING [] 20b	DESCRIBE HOW INJURY OCCL	URRED. (Enter	nature of injury in Pa	art I ar Part II af item 16	3.)	
20g. AI OR CO	ONTRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)						
₹ 20c. TIA	ME OF INJURY Manth, Day, Year	20d. INJURY OCCURRED 20e		INJURY (Hame, farm,		(Cau	nty) (State
20c. TIA		While Nat while	factory, str	eet, affice bldg., etc.)			
			0	3 7	1.0. 10 =	11/2 20 60	\ d . m
	certify that (I) (this haspital) a	and the same of th	-	and the second	60 to 10 -		
	the deceased alive an	0-13 1960, and the	at death o	occurred of	M, fram the cause	s and an the d	ate stated above
220. 3	John & Ber	lento	M.D. P	TTENDING MED	D. STAFF PHYS.		10/16/G
	HYSICIAN'S	2 - 1 . 4		d. ADDRESS	v 4	_	100
N	AME Hypel John Cil	SAYOULT		205 to	rle Aue	5ASLO	n Md
23a. BURIA	L. CREMATION, 23b, DATE THEREOF	23c. NAME OF CEMETER	RY OR CREM	ATORY	23d. LOCATION (City, to	awn, ar county)	(State)
Bu	RIAT 10 49/6	A Heron	ello	Com.	Broso.	nuello	1 Md.
24. FUNERA	AL DIRECTOR'S SIGNATURE	ADDRESS D		/		REGISTRAR'S SIGNA	ATURE
Ser	mes to be all	Vacher	- WI	DATE N	0V 2 '60	Chilling S.	France



that the duoth certificate be



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

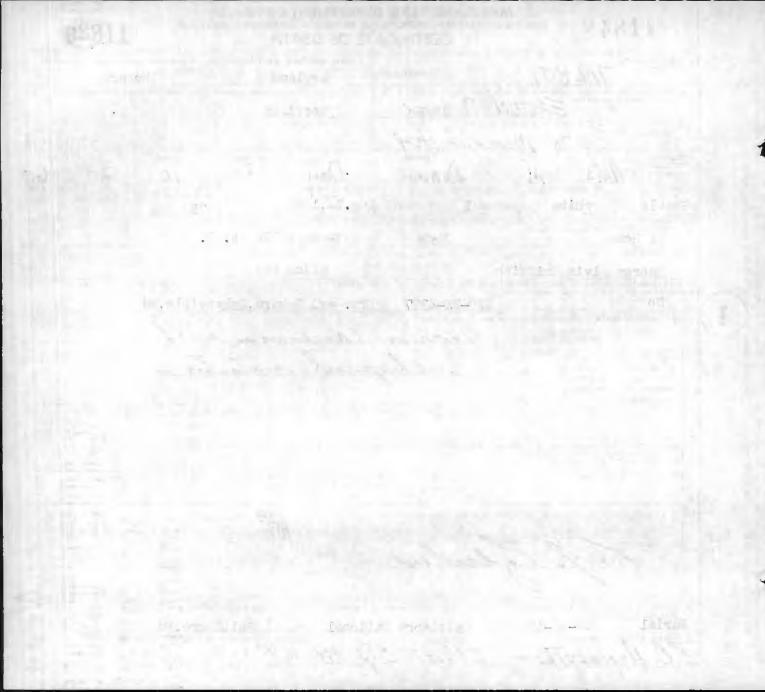
11820

	1. PLACE OF DEATH TALBOT	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. a. STATE aryland	If institution: Residence before admission) COUNTY Howard
	b. CITY OR TOWN (If autside corporate limi RURAL and give nearest tawn)	ts, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate lim Sykesville	ilts, write RURAL and give nearest town)
Ö	d. NAME OF HOSPITAL OF not in hospital, a	nenorial Hosp.	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO I
	3. NAME OF DECEASED (Type or print)	Donna	Day 4. DATE OF DEATH	Month Day Year 1960
d	s. sex 6. color or face white		last	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS, birthday) Months Days Hours Min.
		L. ,	STRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	during most of warking life, even if retired At Home	None	Yanceyville N. C.	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	George Alvis Griff	fith	Alice Ray	
	15. WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17.	IFORMANT	Address
1	No		Mrs. Carl Bevard, Sykesv	ille,Md
1	1B. CAUSE OF DEATH [Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	15	Carrier . M	INTERVAL BETWEEN ONSET AND DEATH
	200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	c) IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CON D. (Enter nature of injury in Part I or Port II of it	YES NO
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Ye Hour o. m. 19		ACE OF INJURY (Hame, form, 20f. (City or taw ctory, street, office bldg., etc.)	rn) (Caunty) (State)
	21. I certify that (I) (this haspital saw the deceased alive an	19, and that o	(h)	nauses and an the date stated abave. 22b.DATE SIGNED
1	230. BURIAL, CREMATION, 23b. DATE THERECE BURIAL (Specify)	DF 23c. NAME OF CEMETERY O		City, tawn, ar county) (State)
)	24. FUNERAL DIRECTOR'S SIGNATURE F.C. Higin bollon	ADDRESS Ellizotte	Y MZ, DATE OCT 2 5 '60	25b. REGISTRAR'S SIGNATURE Carilun S. Kraus

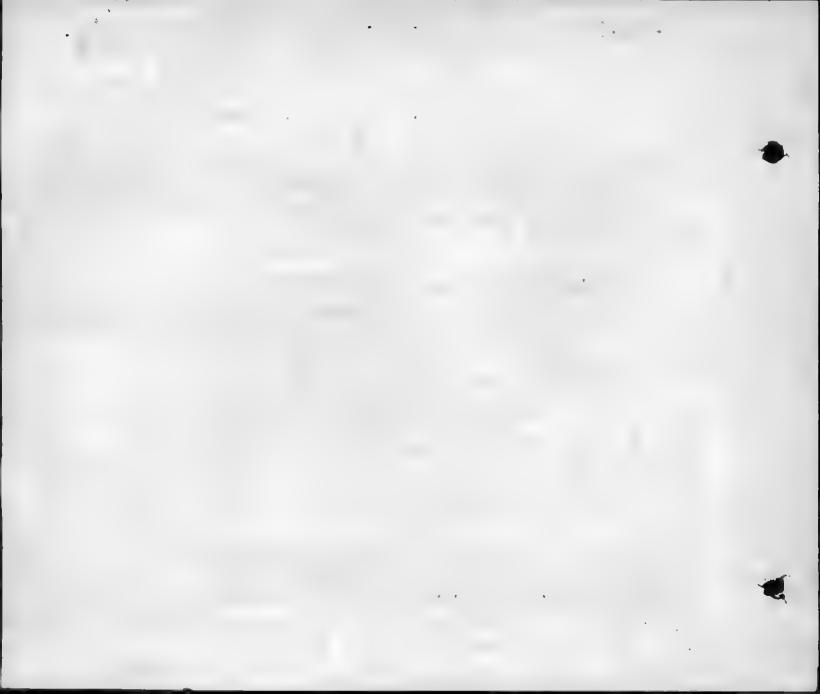
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 2 should be filed may be relied by the haspital or attending physician.

2 FUNERA DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 the State Boord of Health prior to burial, cremation, or removal, and in permitant, within 72 hours after death.

may be r VR A1S (4) 1SM 9/59



1	I.	cems 16-?1 Film 274 MARYLAND STATE DEPARTMENT OF HEALTH 1-16-66 ams Division of Statistical research and records, 301 W. Preston Street, Baltimore 1, Maryland
FOR STATE		11840 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11091
REALTH DEPT.	1,	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before edmission)
Files.	Λ	Talbot Maryland Falbot Talbot
		b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town)
diractor.		Easton 68 da. X St. Michael's
Pos Pos	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS ON A FARM? VESTION 1.5.1.4.
at tage	3	Memorial Hospital 1/1/0 0/3/7 YES NO NAME OF First Middle Last 14. DATE Month Day Year
if and the She She She She She She She She She S		OF OF PRINT OCTOBER 16. 1960
3 to	5.	SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS.
and and may 2 × ours		Female White WIDOWED DIVORCED 9/12/1884 76 yrs Months Doys Hours Min.
2 P E 2	10 de	B. USUAL OCCUPATION (Give kind of work 1Db. K.ND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
hours ages 1 3. Pag		HOUSEWIFE V CONNECTION C. A.
C- C C C	13	FATHER'S NAME
8. Give PA	15	Frederick C. Braitling Anna Kielphlug Address ST. MICHAEL
tem 18. with for with for any ev	/ iŸ	FREDERICK-A-FOWLER MD
ltern with		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]
executed within cil in tem 18. Gin along with four ransit permit fills and in any event		PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
Derice al		8/6 X DUE TO
ould Firing Nove	λ	Conditions, if eny, which (b)
ding's as a series of the series as a series of the series as a series of the series o		geverise to immediate cause (a), stating the underlying DUETO
certificate should be d'pending" in pending" in pending office a coed as a burial-habiton, or removal, a	7	COLUMN CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
red "rest	CERTIFICATION	PERFORMED?
	녣	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of neury in Part II or Part II of item 18.)
Medica Should ial, creat	CER	CAUSE OF DEATH. Pas enger in auto-auto collision
Amine writing chief Sage 3 to buri	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Slate)
13 - 2 /	7 9	8:00xx 8/9/6019 Not While Not While Road - Rt. 50 Queenstown q A Md.
_ 0 2 (1 0.		21. I certify that I took charge of the remains described above, held an Autopsy 🔀. Inspection 🗍, Inquiry 🗍, and in my opinion
MEDICAL or the certific orwarded t DIRECT ted agent,		death resulted from. Natural causes, Accident X_, Suicide, Homicide, Undetermined manner
MEDI forwar forwar L DIRI ated ag		ACTUAL CHIEF MEDICAL EXAMINER CONTROL DATE SIGNED
		SIGNATURE M.D.
2		NAME (Type) Russell S. Fisher, M.D. Address (Street, c'ty, town, or county)
DEP Shoul FUN	22	BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 27d. LOCATION (City, town, or country)
5 g 4 5 g	1	SURTAL STREET OCT. 19, 1960 MOUNTAIN GROVE CEM BRIDGE PORT CONN. FUNERAL DIRECTOR ADDRESS. ADDRESS. ADDRESS. ADDRESS.
VS. ATSME	2:	MAURICE-F-NT-UNIONSSON /ASTON MIN DOTO
5M 7/59	1	THORICE 2. 12 Willing 1 John Lind of the Children S. Trans



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 hours after death. Page 4 may be feel by the haspital or attending physician

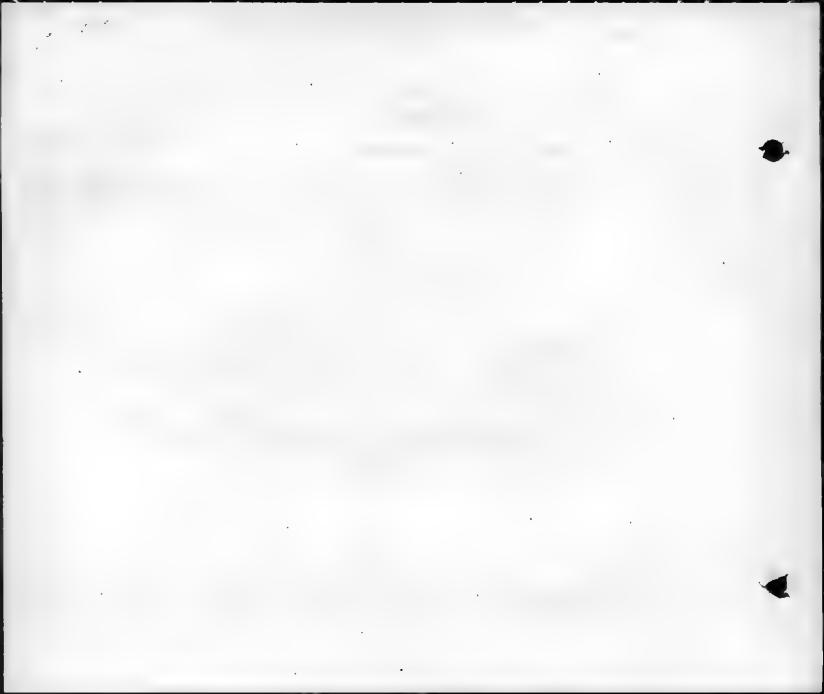
TO FUNERA DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 shaked be detached for use as the burial-transit permit. Then please remaine carban papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, ar removal, and in any event of the state Board of Health priar to burial, cremation, ar removal, and in any event of the state Board of Health priar to burial, cremation, are removal, and in any event of the state Board of Health priar to burial, cremation, ar removal, and in any event of the state Board of Health priar to burial, cremation, ar removal, and in any event of the state Board of Health priar to burial, cremation, are removal.

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

11099

1	CERTIFICATE C	OF DEATH
)		UAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE MARY AND TALBOT
	b CITY OR TOWN (If outside corporate limits, write RURAL and give morest town)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR NSMITTON MEMORIAL Hospital	STREET ADDRESS 115 W. Chestnut St. VES NO D
	3. NAME OF DECEASED (Type or print) MR J Howell G.	AROLER DEATH OF 25, 196
	1) ALE WHITE WIDOWED DIVORCED MA	OF BIRTH 9 AGE (n yeors F UNDER 1 YEAR IT UNDER 24 HR 18 18 8 6 9 Months Doys Hours Min
	10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 Puring most of working life even if retired) RET. FARMER AGRICULTURES	BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY T. MICHAELS, MD USA.
)	13. FATHER'S NAME JOHN W. GARDNER 14. A	MARV F. GERMAN
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMATIVES, no. or yinknown) (f yes, give wer or dates of service) 344-16-2491 . On	very Gardner, St Michaels, Mid
	18. CAUSE OF DEATH [Enter only one couse polyme for (o), (b), and (e) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	earl failure interval between ONSET ASSO DEATH
	Conditions, if ony, which) (b) (c) (b) (c)	otic Cardinarareulastes Sys.
	gove rise to immediate couse (a), stating the under-lying couse last.	
	30 (Michania of Bladdin (2	PATED TO THE TERMINAT OFFICE CONDITION GIVEN THE TOTAL 19. WAS A JTOPS PERFORMED? YES NO [
	20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED Hour o. m 19 oil work oil work 19 oil work 19	INJURY (Home, form, 20f. (City or town) (County) (Slot eel, office bldg., etc.)
	saw the deceased alive on Let	accurred at \$7M, from the causes and an the date stated above
	1. hall Wroth M.D. A.	TTENDING DIRECTOR PHYS 22b DATE SIGNE STAFF
	227 PHYSICAR'S PLANE WROTH, MD. 2	ST. MICHAELS, MD.
		netery of 1. michaels - Tra
1	24. FONERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	DATE OCT 2 8 '60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

11099

	11840 CERTIFIC	ATE OF DEATH	11043				
ì. F	COUNTY A 1 bot MARYLAN	n ATATE.	b. COUNTY CARLINE				
ŧ	o. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) LAS And 38 da.	c CITY OR TOWN If outside corpore	te limits, write RURAL and give nearest tawn)				
•	OR INSTITUTION Memor Af Hospital	d STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO				
(NAME OF DECEASED Type or print) G G Hiddle Hiddle G Hiddle Hiddle	To o Lost 4. DATE OF DEATH	act. Pay Year 1960				
5 S	EX . COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8 DATE OF BIRTH 1896	AGE (In years last birthday) Manths Doys Haurs Min.				
100	JSUAL OCCUPAT ON (Give kind of work done 10b KIND OF 8USINESS OP No during most of working life, even if retired)	DOUSTRY 11 BIRTHPLACE (State or foreign con	ntry) 12. CITIZEN OF WHAT COUNTRY?				
13	Starkey J. Good	14. MOTHERS MAIDEN NAME	Puin				
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (If yes, give woo of dates of service)	Stanley Good, 1017	Waterland Px Tompoid				
7	Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. PART I. PEATH WAS CAUSED BY: DUE TO	of please	leng.				
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH		PERFORMED? YES NO				
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I ar Part					
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a. m. 19 While al work all work 19	PLACE OF INJURY (Home farm, 20f. (City of factory, street, affice bldg., etc.)	or town) (County) (State)				
	21. I certify that (I) (this hospital) attended the deceased fram						
	22c. PHYS CIAN'S NAME (Type) C. H. Schmidt	M.D ATTENDING MED DIRECTOR DIR	May land				
230	BURIAL, CREMATION, 236. DATE THEREOF 23c NAME OF CEMETER CONTRACTOR OF COMMETTER CONTRACTOR OF CON	Y OR CREMATORY 23d LOCATI	ONICIO town of county) (Slate)				
24.	FUNERAL DIRECTOR'S SIGNATURE POORESS	25a. REC'D BY REGISTR DATE OCT 1 0 '60	AR 256. REGISTRAR'S SIGNATURE CITCHING S. KINNA				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haves after death. Page 4 may be that by the hospital ar attending physician.

TO FUNERA DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the Stale Baard of Health prior to burial, cremation, or remaval, and in any event, within Theorems defined with

VR A15 (4) ISM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

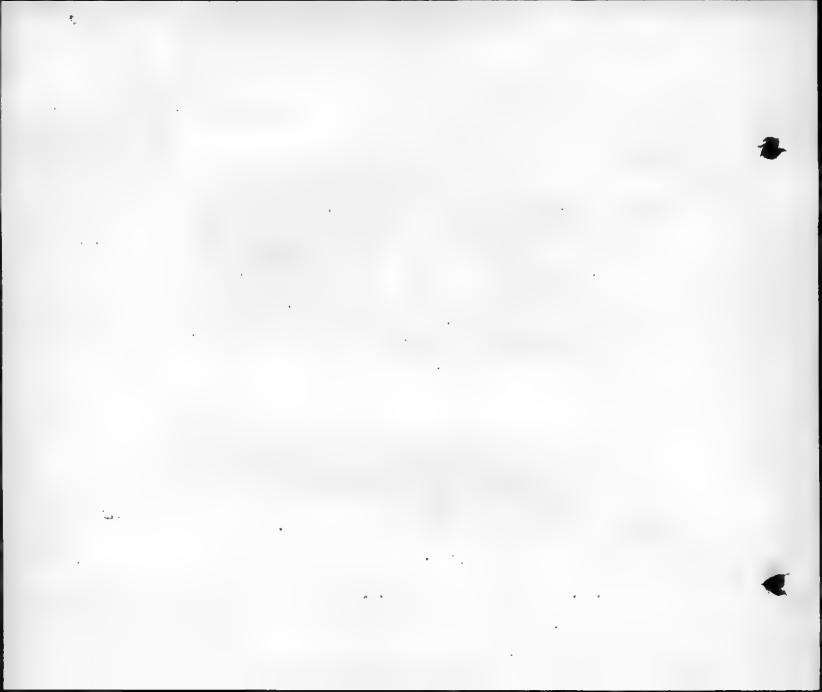
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		TIOIU	CERTIFICA	IE OF DEATH		adle site (J. W. X.
	1, 7	PLACE OF DEATH COUNTY TAILOCT	MARYLAND	2. USUAL RESIDENCE (Who STATE Mary)	- h cou	INITY	before admission)
	Ŀ	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		utside corporote límits, wr omingdale Av		
	(d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION / m & P-17-/	oddress) Logpital	d STREET ADDRESS	(75 X	e IS RESIDENCE ON A FARM? YES NO
	1	NAME OF DECEASED Type or print) My RH	Middle	HAPRIS	4. DATE OF DEATH OCTO	Month 1600	Day Year & 2 1960
	5 5	Femele 6 COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. date of Birth Sept. 14, 187	9. AGE (In yolds) lost birtho		YEAR IF UNDER 24 HRS Pays Hours Min.
		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Milliner	KIND OF BUSINESS OR INDU Millinery Shop	Federalsb	urg, Marylan		EN OF WHAT COUNTRY? $S_\bullet A_\bullet$
1	13.	Rufus C. Harris		Elizabet	AME h E. Willis		
1	15. (Yes			iss Mary E. Da		Address	Maryland
	ATION	PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS	Congest Orderic Ceneral CONTRIBUTING TO DEATH BUT	e Henricaliano de la Companya de la	Heart D wallisease condition	LA GIVEN IN PART	20 yus 1(0) 19 WAS AUTOPSY PERFORMED? YES \$\Pi\$ NO \$\Pi\$
	MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m. 20d. I While	Not while fo	D. (Enter nature of injury in P ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.	20f. (City or town)		ounty) (State)
	W	21. I certify that (I) (this haspital) attends aw the deceased alive an 10-22 220. SIGNATURE					
		22c PHYSICIAN'S NAME (Type) H. R. Trapnell	M.J	22d. ADDRESS	Sbirg, Maryl	and	10-27-60
4	23a	BJRIAL CREMATION, 23b DATE THEREOF Oct. 25, 1960	23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City to Federalsb	wn, or county)	(Stote) yland
23	24-	FUNERAL DIRECTOR'S SIGNATURE (In Franciscon of In	Ederal burg	4 4	D BY REGISTRAR 25b.	REGISTRAR'S SIGN	1.4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be a feel by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

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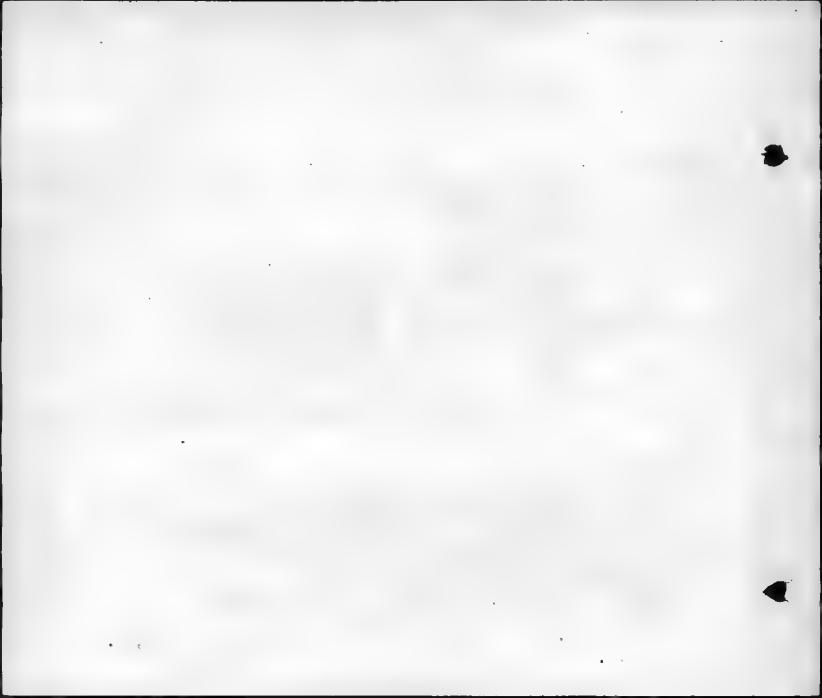
	TYOT! CEKIIN	AIE OF DEATH	110.0
1.	PLACE OF DEATH g. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution o. STATE	Residence before admission)
	TO/hot MARYLAN	MARYLAND 6 COUNTY	146301
	b. CITY OR TOWN (if outside corporate limits, write c LENGTH OF STAY IN		(AL and give nearest town)
	RURAL ond give nearest lown) EASTON 2 days	1st EASTON	
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	EAST on Memorial Hospital	406 S. HARRISON	YES NO [2]
3	NAME OF First Middle	Lost 4. DATE Month	Day Year
	(Type or print) MR. (ERMON FRANCIS	NOWARD DEATH OCT	16 1960
S.	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	1 0 0 0 0 0 0 0 0 0 0 0 0	FUNDER LYEAR IF UNDER 24 HRS
	MALE WIDOWED DIVORCED		Months Doys Hours Min
100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II	NDUSTRY 11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY
	during seed-of working life, even if retired) AINTER	ACTOR MARYLAND	75.0.
13.	. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
	N. R. HOWARD	MAY F. SHERMAN	
15.			. 406 S. HARRISE
fre	os, no. frunknown) (If yes give war or dates of sergice) HES MY No I 218-11-6068	MRS VERNEN F HOWARD	EISTON MO
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY HOLE TO LEAD IN	true Sastic Polars	ONSET AND DEATH
	IMMEDIATE CAUSE (a) // Court of Cury (7
	Conditions, if ony, which) which + (he	wie al coholing um	Glass
	gove rise to immediate	7	
	Lying course lost		
NO.		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART I(a) 19 WAS AUTOPSY
ATIC			PERFORMED?
FIC	20g. ACCIDENT WAS UNDERLYING	JRRED (Enter nature of injury in Part I or Part II of item 18.)	100
CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
- 4		PLACE OF INJURY (Home, form, 120f (City or town)	(Caunty) (State
MEDICAL	Haur a. m. While Not while at work at wark	factory, street, office bldg., etc.)	
2		Janu 150, 10:16	
	21 certify that (I) (this haspital) attended the deceased fro	3m	_, 19(12) that (I) (we) las
	saw the deceased alive an 1900, and the	at death accurred at 2 p.M. fram the causes and	an the date stated above
	\$76.0 Ce.	ATTENDING MED STAFF	16 S GNED
	22c PHYSIC, AN'S	M.D PHYS. DIRECTOR PHYS 122d ADDRESS	/ \ / / / / / 00
	NAME (Type) S. Krech Jr	Talbottown, Easton, Mary	rland 10/18/60
22.		DV OD CREMATORY	10
23	BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETER	(1000000	county) (Stote)
24	FUNERAL DIRECTORS WORKER LA ADDRESS	4WN (4773 N/AG	PARIS CICNATURE
ZA	TOPE SOLL AND THE ADDRESS	Ju 1	RAR'S SIGNATURE
	4 BULLETY COULTY	DATE OFT 2 0 160 Cold	hur & Firand.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be to by the hospital ar attending physician.

TO FUNERA SIRECTOR: After this certificate has been signed by the ottending physician and completely filled the three formers director, page 3 should be detached far use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, ar remaval, and in ally event. VR A15 (4) 1SM 9/S9



TON S	TATE		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
Page Page Hearth	DEPT	1	PLACE OF DEATH COUNTY ALBOT MARYLAND 2. USUAL RESIDENCE (Where deceased lived, 1f institution, Residence before admiss an) b COUNTY HLBOT MARYLAND
ector. Pector. Pyour file			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ASTON RURAL 345 EASTON RURAL
s nece	X		I. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES X NO
the further series in the Startes in			NAME OF DECEASED Charles 5410 5410 5410 5410 5 1960
th. If o nd 3 to 5 may I 2 with bours of		5. 5	MALE WHITE WIDOWED TO DIVORCED TO 6-75-88 72 yrs Months Days Hours Min.
iter deci it. 2. a Poge it and	(I	L	. USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) What country: What cou
Cive Pages Give Pages File page		15.	Charles Olden Huser Sarah and Oliver WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address R. F. O # 3
hould be executed within in pencil in them, 18. miner's Office along with a burial-transit permit.			18. CAUSE OF DEATH [Enfer only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), slating the underlying cause tost. (c) (c)
Ficate s pending al Exa used a		CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(D) 19. WAS AUTOPSY PERFORMED? YES NO
his certi word " if Medic tuld be			20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II of item 18)
he Chie		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f (City or fawn) (County) (State) Hour a. m. p. m. 19 at work at wark
L EXAM ofe, writi rded to ? FOR: Pag			21. I certify that I took charge of the remains described above, held an Autopsy, Inspection 🙇 Inquiry, and in my opinion death resulted from: Natural causes 💆. Accident, Suicide, Hamicide, Undetermined manner
ertific arwal birred			ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
Superior New York		220	EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER STORY (Story)
4 sho		23,	PUNERAL DIRECTOR'S SIGNATURE ADDRESS
/5 A15ME 5M 2.57	The state of the s	11	tzke F.D. 4101 Edmondson Ave dmondson dmondson



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased fived. If institution_Residence before admission) c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO I Year 19 6 6 IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs 12. CITIZEN OF WHAT COUNTRY? S INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO D (County) (Stote) 1960 that I last saw the deceased and that death accurred at 6.30PM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) REGISTRAR'S SIGNATURE



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11848

CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY AH BOT	MARYLAND	USUAL RESIDENCE (Who		If institution. Reside	nce before admir	ssian)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	OF STAY IN 16	c. CITY OR YOWN (If o	utside corporate limi	ts, write RURAL and	give nearest tow	vn)
EASTON 10	days	Kuthik	wa			
d NAME OF HOSPITAL (IE and in hospital, give street address) OR INSTITUTION TON MEMORIA	Hosp. K	Coul Cuts	welle	17.	ON	A FARM?
3. NAME OF DECEASED (Type or print) HARRY MI	Middle LTON	Juan	4. DATE OF DEATH	O H	Day 9	Year 19 60
	R MARRIED B.	DATE OF BIRTH	73 PAGE lost	(In years IF UNDE port) day) Months	R 1 YEAR IF UND Days Hours	
100 USUAL OCCUPATION (Give kind of work done dor)ng most of working life, even if retired)	SINESS OR INDUSTR	Y 11. BIRTHPLACE (Store	or foreign country)	12. CI	TIZEN OF WHAT	COUNTRY?
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	AME	1	7- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Charles Jump		Trances	Bara	elem		
15 WAS DECEASED EVER IN U.S. ARMED FOR CES? 16. SOCIAL SECU (Ves. no. or unknown) (If yes, give wer or dates of drivice)	1 7 1	learn Carter Ju	no Con	Address	Maurla	Q
1B. CAUSE OF DEATH [Enter only one cause por Fig. for (a), (b).	//	110 1	11/2-		INTERVAL E	BETWEEN
PART I. DEATH WAS CAUSED BY:	evela	6 Lyon	Ellar	_	ONSET AN	DEATH
DUE TO		//				
Conditions, if any, which (b)		U				
cause (a), stating the <u>under-</u> DUE TO lying cause last.						
PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN PA	RT 1(a) 19. WAS PERF YES	AUTOPSY FORMED?
OF CONTRIBUTING LICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NJURY OCCURRED.	(Enter nature of injury in F	Part I or Part II of its	em 1B }		
20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCU Hour a.m While Not win p m 19 at wark of wark		E OF INJURY (Home, form, ry, street, office bldg., etc.		1)	(County)	(State)
p m 19 ot wark at wark			1			
21 I certify that (1) (this hospital) attended the decision the deceased alive on		13		, 19_	* *	
sow the decedsed alive on 19.	. Jong That dec	oth occurred at	M, from the co	uses and on II		25 DAJE
Cel Offin	MI	ATTENDING ME	ED STAF	X 90	K/ B	GIRCHES
22¢ PHYSICIAN'S F.C.H. SCAP	rielt	22d Apporess	2 411	angli	und	/
230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME	OF CEMETERY OR	REMATORY	23de OCATION (C	ity, jown, or county	(Ste	ate)
Burial att 12-1960 Che	terfield		Centres	elle N	my lan	2_
ADDRES	soll Ma	(/, ()	D BY REGISTRAR	25b. REGISTRAR'S S		

cuted within 24 hours ofter death. Page 4 the funeral director, should be filed with dompletely filled Copers. Poges 1 nours ofter death PHOLIP be ned by the hospitol or oftending physicion FUNER. ORECTOR: After this certificate has been signed by the ottending physicion page 3 should be detached for use as the buriol-transit permit. Then please remove corbon the Stote Board of Health prior to buriol, cremotion, or removal, and in any event, within 72 IOSPITAL OR ATTENDING PHYSICIAN: The los requires that the death certificat



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	2.2.17.2.17	Gaitmier	12 OI DUIT	<u> </u>			
	o. COUNTY TALBOT	MARYLAND	2 USUAL RESIDENCE (W		Institution Residen	re before admission) ROL DNE	_
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	LENGTH OF STAY IN 16	c CITY OR TOWN IM	outside corporate limits		give nearest town)	
1	d. NAME OF HOSPITAL (If not in hospito), give street of OR INSTITUTION LASTON MEMORY	10 11 -	d. STREET ADDRESS		0 5	e. IS RESIDEN	M
	NAME OF DECEASED (Type or print) MRS, EVA	Middle	LÄNE	4. DATE OF DEATH	Month // /	12 - 19 (66
S S	6. COLOR OR RACE 7 MARRIE	DIVORCED	SEPT. 4.1	898 9. AGE (In years IF JNDER Months	Doys Hours M	HRS lin.
100	during fost of working life, even if tetred	NO OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (STOR	e or foreign country)	12.CITI	CAPA-	TRY
13.	FATHER'S NAME EDGAR CAC	HE	14. MOTHER'S MAIDEN	NAME LJ	STILE	-	
15 (Yu:	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 17.1	Druing	Lane,	Address	Eou, hel	7
	1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	for (a), (b), and (c).]				ONSET AND DEA	EN TH
	Conditions, if only, which gove rise to immediate (b)	ntricular	tachyeo	india		4 Drs	
~	couse (o), stoting the <u>under-</u> lying couse lost. Course Cour		<u> </u>				
ICATION	Peripheral neuropath	ny wina	ny infecti	on lad	teremia	PERFORMED	27_
L CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HÖW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item	18)		
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJI Hour o.m. While p. m. 19 of work [Not while fo	ACE OF INJURY (Home, far ctory, street, office bldg., et		(County) (S	itote
	21 I certify that (I) (this haspital) attended saw the deceased alive an 12	2 -	12 14 19 death accurred at 12	of from the cou	25 , 196		
	220 SIGNATURE ROBERT WT31		ATTENDING A	MED STAFF		FC 226 0/1	
	22c. PHYSICIAN'S NAME (Type) Robert W. Trever	M.D.	Easton, 1	Marylland		10/14/60	
230	PEURIAL CREMATION 236-POATE THEREOF	23c NAME OF CEMPTERY C	R CREMATORY	23d LOCATION (CID	(flown, or county)	172/	1
24.	PUNERAL DIRECTOR'S SIGNATURE # 1	ADDRESS	2Set REC	D BY REGISTRAR 2	Sh. REGISTRAR'S SH	GNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH

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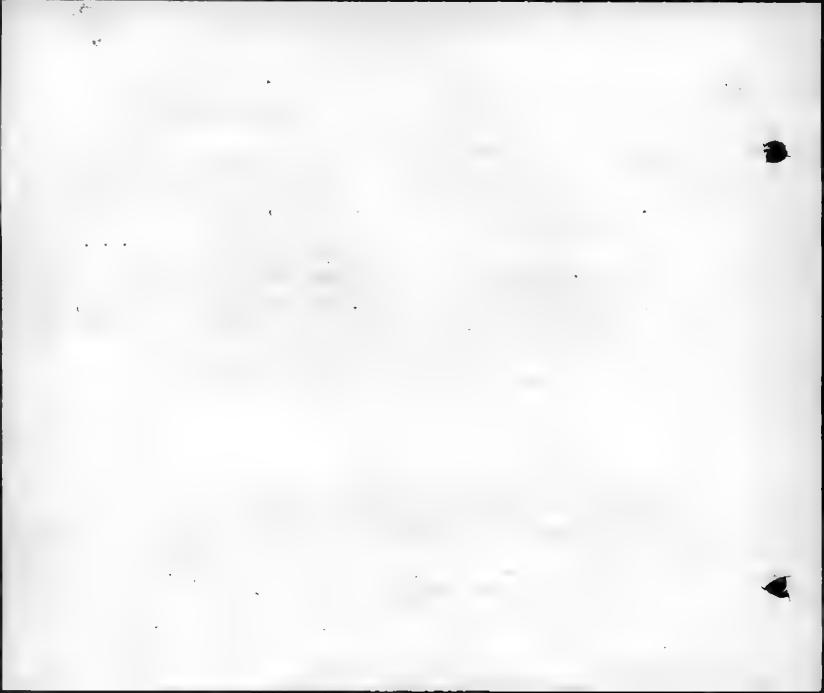
	1.1.) () ()	DIVISION C		RTIFICA	TE OF D		NOKE I, MAKI	LAND	11	Son	
1, PLACE o. CO	OF DEATH	ot			MARYLAND	2. USUAL RESID o. STATE	Md.	ere deceased lived	If institution: c. COUNTY	Residence be		ion)
RUR	Y OR TOWN RAL and give r	•	ote limits, writ	,	day	c. CITY OR T		utside corporate lu thville		At ond give r	tearest tawn)
d. NA OR		TAL (If not in hor	spitol, give stri	eet address)	csp.	d. STREET A	DDRESS		۲.	5×.	e IS RES ON A YES-	FARM?
3. NAME DECEA (Type	OF ASED or print)	COR	First	MASS	Middle En	LAR		4 DATE OF DEATH	Oct			Year 19 <i>60</i>
5 SEX	m.	6. COLOR OR whit		ARRIED NEVER	MARRIED	Detobe:				Months Doy:		ER 24 HRS Min.
durin	ng most of war 19USCW	king life, even if	f work done 1 retired)	06. KIND OF BUS	NESS OR INDU		yland	or foreign country)		U.S.		OUNTRY
		d R. M				14. MOTHER'S	MAIDEN N					
15. WAS (Yes, no, or	DECEASED EV	ER IN U. S. ARM		none		nformant rs <u>Alt</u> l	ha Wh	neatley	Addres		rg.	NG.
Co		ATH WAS CAUSE IMMEDIATE CA any, which immediate immediate ithe under-	D BY	ACTTO	10 Co	ihre Noifi	c «	Sterne	05/5	II O	NTERVAL BE	TWEEN DEATH
i≈ OR 0	ACCIDENT W	AS UNDERLYING	20b. [NOT RELATED TO				Y IN PART 1(o	PERFO YES	AUTOPSY PRMED? NO [
	TIME OF INJU Hour o.m. p.m.	MEDICAL EXAM	y Yeor 200	3. INJURY OCCUR	e fo	ACE OF INJURY (I			vn)	(Count	(y)	(State
saw		at (1) Whis ka	espital) of the	ended the dec	4	death occurred	G _ ME	M, from the	causes and	on the do	1.1	
	PHYS CIAN S NAME (Type)	EC	450	hone	14	22d ADDA		ton, "	110-	z la	Tol.	-
REM	IA., CREMAT) [THEREOF	10.	OF CEMETERY C	OR CREMATORY		234 LOCATION	reinin	county)	(۱۹۵۶)	A
24 FUNE	RAL DIRECTO	S SIGNATURE		ADDRES	5	al rect	250 REC'I	BY REGISTRAR	256 REGISTI	RAR'S SIGNA	TURE	

hours after death. Page 4 shauld and campletely filled ATTENDED PHYSICIAN: The law requires that the death certificate be executed within 24 g physician and camplefely fille remave carban papers. Pages event, within 72 hours after death attending please by the ed by the haspital ar attending physician.

OIRECTOR: After this certificate has been signed by id be detached far use as the burial-transit permit. detached far use as the burial-transis Health priar to burial, crematian, ar page 3 shat TO HOSPITA TO FUNER

the funeral director, be filed with

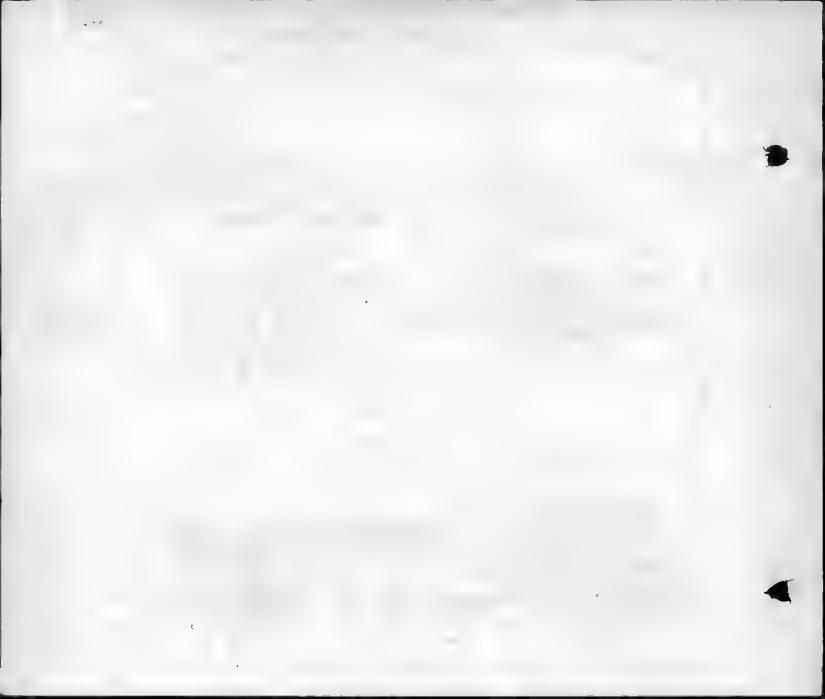
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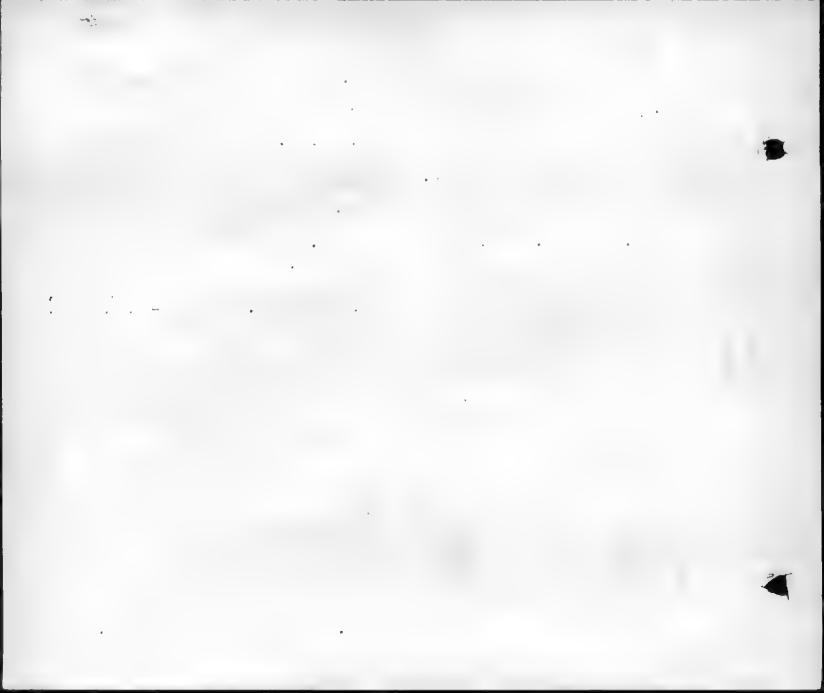
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MARYLAND STATE DEPARTMENT OF HEALTH — BALTIMORE 1, MARYLAND EATH

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1	85	C T		DIAIZIO	N OF	 	TIFIC		
			-			 -		17	

	PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (When	e deceased lived. If institution b. COUNTY	on. Residence before admission)				
H	b. CITY OR TOWN (If autside carporate limits, w	rrite c. LENGTH OF STAY IN 16	11	side corporate limits, write RI	JRAL and give negrest lawn)				
	RURAL and give nearest town) EASTON	20 ches.	Easton	X	,				
1	d NAME OF HOSPITAL (If not in hospital, give s	street oddress)	d. STREET ADDRESS	4	e. IS RESIDENCE ON A FARM?				
	ORINSTITUTION Memorial A	losbitAL	R. F. D No. 1		YES NO				
	3 NAME OF First	Middle	Last	I. DATE Mon	th Day Year				
L	(Type or print) EdgAR	s. h;	Nthi cum	DEATH / O	- 12 -1960				
	_	MARRIED 🔼 NEVER MARRIED 🔲	8 DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours Min.				
l	male white wa	DOWED DIVORCED	Oct. 22, 1883	76 yrs.	Months Days Haurs Min.				
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or	foreign country)	12 CITIZEN OF WHAT COUNTRY?				
L	Rtd Med. Corpe Col.	U. S. A.	Md						
1	13 FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME					
	Josiah Linthicum		Anna Smith						
ľ	15. WAS DECEASED EVER IN U. S. ARMED FORCES: [Yes, no, or unknown) [If yes, give wor or golds 7] Price		NFORMANT	Adde	Easton, Md.				
	yes World War I		rs. Catherine	B. Linthicum	= R. F. D. No. 1				
	18. CAUSE OF DEATH [Enter only one cause	per line fgr (a), (b), and (c).	1.1.61		INTERVAL BETWEEN ONSET AND DEATH				
1	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	sudden							
М	DUE TO	1 1. 1	in Lanction		2.6				
4	Conditions, if ony, which) (b)	or ars,							
	gove rise to immediate couse (o), storing the under-								
	lying couse lost. (c)	alle a Lo Clica	il couracy	Missen Pres	10 mg.				
1	PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	EN IN PART I(a) 19. WAS AUTOPSY PERFORMED?				
1	5 Coo.lu	teal Eugher runn	Munic		YES NO				
ı	PART II. OTHER SIGNIFICANT CONDITION 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONT	. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	rt f or Port II of ilem 18)	,				
- 4		20d INJURY OCCURRED 20e PL	ACE OF INJURY (Home, farm,	20f (City or town)	(County) (State)				
1	Haur a.m.	While Not while fo	ctary, street, office bldg., etc.)	1	(00011)				
	21.1 certify that (1) (this haspital) attended the deceased from May 1994, to 12 64, to 1940, that (1) (we) last								
1	saw the deceased alive on 12 0ct 19 60, and that death accurred at 11 p. M. from the causes and an the date stated above								
1	Illien her Hawi	han	M D PHYS MED	CTOR STAFF	12 Del 60 SIGNED				
	22c PHYSICIAN'S NAME TYPE A TO A H	·	22d. ADDRESS	1 0					
	THURSTON HI	ARRISON	Carla	u leng lan	····				
f	230 BURIAL, CREMATION, 236. DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY 2	3d. LOCATION (City, lown, o	or county) (Stote)				
	REMOVAL (Specify) Burial 10/15/60	Druid Ridge	Cem	Pikesvi	lle Md.				
	24. FUNERAL DIRECTOR'S SIGNATURE	(/ ADDRESS			STRAR'S SIGNATURE				
	11/ 1 / 1/ N 11/ X	- 7 11 A-1 1 - 141	1777 / / DITT -						



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be a by the hospital ar otherding physician.

TO FUNERA DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then pleam remains appears. Pages 1 and 2, should be filled with the Stote Board of Health prior to buriol, cremotion, or remayol, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

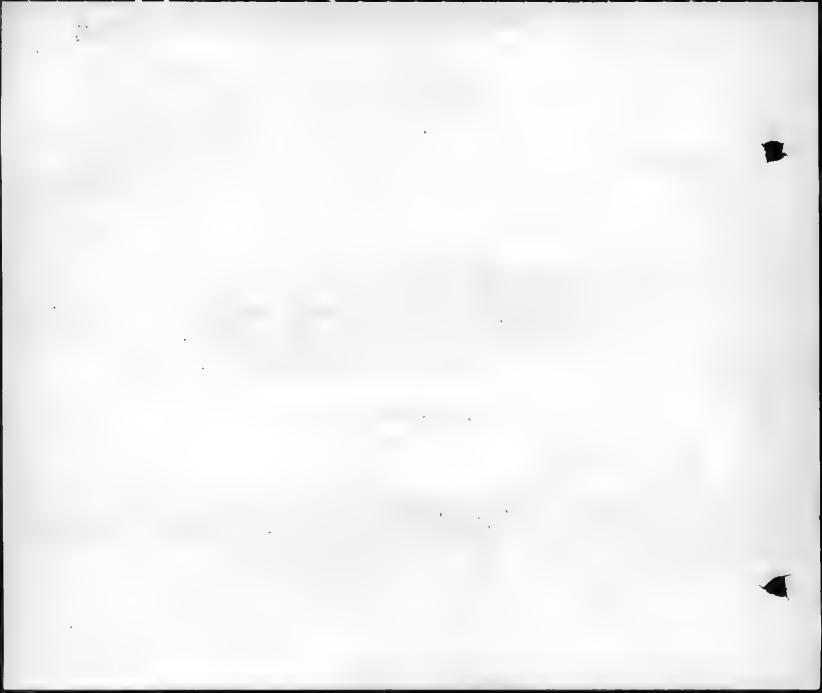
11852

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11833

- 14				
ľ	1. PLACE OF DEATH o. COUNTY,	MARYLAND	2. USUAL RESIDENCE (Where deceased lived on STATE	b. COUNTY
ŀ	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	A CITY OF TOWN IS subside assessed to	mits, write RURAL and give nearest town)
ı	RURAL and give nearest town)	0 11 00	K M	P
ł	d. NAME OF HOSPITAL (If not in haspital, give street	13 hrs dlanin	d_STREET ADDRESS	a. IS RESIDENCE
ı	OR INSTITUTION	Liti:		ON A FARM2 YES NO D
ŀ	3. NAME OF	Middle	Last 4. DATE	Month Day Year
	(Type or print) LOIA	I.	MALIN' DEATH	10- 25 1960
J	5. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AG	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
	FEMBLE WHITE WIDOWS	A	700 16,1886	74 yrs.
	10a USUA_OCCUPATION (Give kind of work done) 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	BIRTHPLACE (Slote or foreign country)	D 12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME .		14 MOTHER'S MAIDEN NAME	
4	ERNEST HA.	4	HNNA KIL	MON
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or yellyfown) [(If yes, give war or dates of service)	SOCIAL SECURITY NO. 17 IN	IFORMANT	Address
	110 -	2	S. CATHERING CO	RISTIN, IVEWCOMB,
ł	18. CAUSE OF DEATH [Enter only one couse parties	le for (a), (b), and (c)	Man Alail	INTERVAL BETWEEN
ı	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	MAUSTUL	Heart I alle	the sally
1	DUE TO	Il the	Market Sund	meneral de la santia
1	Conditions, if any, which?) gave rise to immediate (b)	rusage	crowe Cural	Werelling 1045
1	couse (a), stating the under-			7
	lying couse lost (c)	CONTRIBUTING TO DEATH BUT	NAT DELATED TO THE TERMINIAN DISEASE CON	NDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	5 CARMAR DE	sans Viil	The remainder of the remainder of the control of th	PERFORMED? YES NO D
		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar Port II af	
	206. ACCIDENT WAS UNDERLYING 206 DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
		NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form, 20f. (City or to	wn) (County) (State)
	Haur a.m. P. m. 19 White at wari	- +401 MURIE -	ctory, street, office bldg., etc.)	044
ł	21. I certify that (I) (this hospital) altend	the deceased from	1 Nelster 19/010 25	Ellotes 19 (all that (1) (we) last
	sow the deceased alive on 400	- (21)	11/11	causes and on the date stated above
	220. SIGNATURE	#	ATTENIONE	22b. DATE SIGNED
	K. Tane Wrone	7)	M.D PHYS. DIRECTOR P	AS. 0 10-25-60
ı	PAME (TYPE LANE WATE	· lfu	22d ADORESS Wichal	lo md'
Ł	230. BURIAL, CREMATION, 235. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 1 23d LOCATION	(City, town, ar county) (State)
	LINUNAL (Specific) (OLT 27, 1960	xpring hi	el temelon East	on ma
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ()	250 REC D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
1	H. Hambelou Hou	war It	MCKaller OCT 28'60	arthur S. Trans

"ma



MEALTH DEP s necessary, please at director. Page If for your files. Board of Health,

11874

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

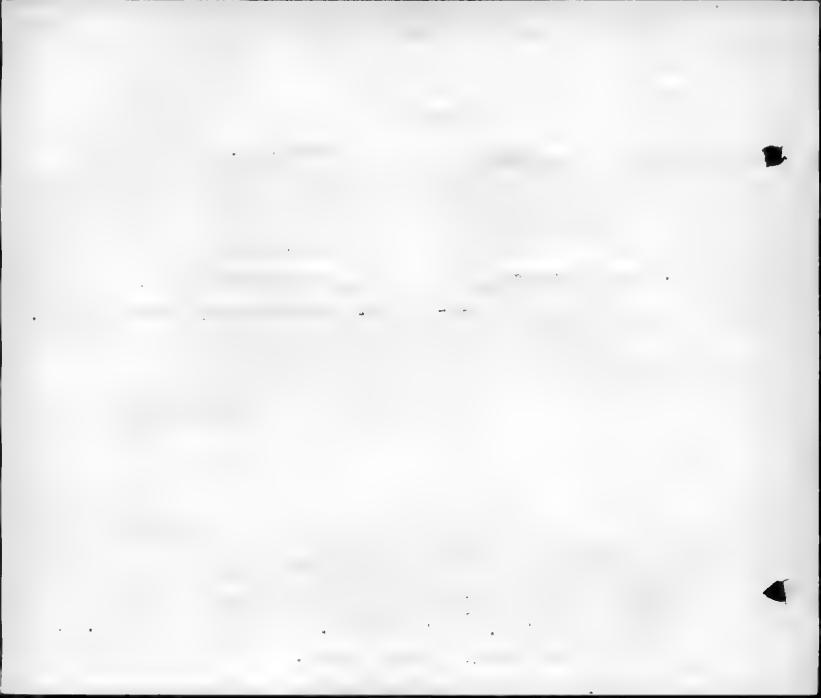
13028

	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
MARYLAN MARYLAN	O STATE MARY-AND 6. COUNTY DORCHESTER
b CITY OR TOWN (II existed corporate Fruits, write PURAL c. LENGTH OF STAY IN II	CITY OR TOWN (If obliside corporate I mits, write RURAL and give nearest lown)
EASTON RURAL Unknown	CAMBRIDGE 2915
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS ON A FARM
None Post MAN 7	Glenburn, Ave. YES NO
3. NAME OF DECEASED Middle	Lost 4 DATE Month Day Year
(Type or print)	TARVANDV DEATH OCT 28 1960
5. SEX) 6. CÓLOR OR RACE 7. MARRIED DINORCED TO DINORCED TO	B. DATE OF BIRTH P AGE (n years IF UNDER 1 YEAR IF UNDER 24 HT Months Days Hours Min.
The state of the s	12/16/1936 23 75
Od. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDI- during most of working life, even if retired)	1:01
	PT Easten, Maryland USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dr. Lawarence Maryanes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. 117	Marjerie Maryanov
[You no, as unknown] [If you give wer or dates all service]	
34-74-74	Dr. Lawarence Maryanev, Cambridge, Maryland.
18 CAUSE OF DEATH [Enter only one couse per Lordor (o), (b), and (c).] PART I DEATH WAS CAUSED BY:	BERVICAL SPINE INTERVALENT CONSELLAND CONTRACTOR
IMMEDIATE CAUSE (0)	ERVICAL OPINE IMMED
3 2 5 X DUE TO A	DENT
gave fire to immediate course	IDENT
(a), slating the underlying DUE TO	
100	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY
	PERFORMED? YES \(\sum \no \overline{\text{N}} \)
& IPRIMARY Life CONTRIBUTING LI 1 // // .	(Enter nature of injury in Port I or Port It of item 18)
20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. P. Horr a. m. / 6 -7-8 1960 of work of work	PLACE OF INJURY (Home, form, 201. (City or town) (County) (State factory, street, office bldg., etc.)
	HAWAY 328 NR. EASTON TALBOT M.
21. Fcertify that I took charge of the remains described of	bove, held on Autopsy [], Inspection [25], Inquiry [], and in m
opinion death resulted from: Natural causes . Accident	of X Suicide , Homicide , Undetermined monner
to . Whe of	DATE SIGNED
SIGNATURE Com / // Willey	M.O CHIEF MEDICAL EXAMINER [_]
EXAMINER'S WENT	ASSISTANT MEDICAL EXAMINER []
NAME (Type)	DEPOTE MEDICAL EXAMINER BO
220. BURIAL CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY Christ Church	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Le Compte funeral Service, cambridge	, Maryland. Hov 9 '60

4 shaul TO DEPUTY **V5.** A15ME 5M 2/57

its designated agent,

MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay a certificate, writing the ward "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the furch farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be rekt a DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Starganted agent, prior to burial, cremation, ar removal, and in any event within 72 hours ofter death



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived. If institution: Residence before edmission) hal director. Page d for your files. Board of Health, a. COUNTY b. COUNTY Talbot Maryland MARYLAND b. CITY OR TOWN (if outs'de corporete amits, c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporete | mits, write RURAL and givwrite RURAL and give naerast town) Easton rurai Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS may be retained 2 with the State I Randall Court NAME OF 4. DATE Middla Month 24 hours after death. If are ve Pages 1, 2, and 3 to thrule PM3_Bage 5 may be retain a pages 1 and 2 with the State yell thin 72 hours efter deat DECEASED (Typa or print) Royston Medford DEATH October 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TH 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months white male WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) in pencil in Item 18. Give Pages 1, 2 Office along with form PM3_Bage dona during most of working life, even if ratired) biologist, Dept. of Interior Marvlahd 14. MOTHER'S MAIDEN NAME Helen Matilda Porter File William Ellwood Medford 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) ; (Ifyesgive werordales of service) Sute the certificate, writing the word "pending" in pencil in them 1 be forwarded to the Chief Medical Examiner's Office along with IAL DIRECTOR: Page 3 should be used as a burial-transit permignated agent, prior to burial, cremation, or removal, and in any Neavitt, Md. Mr. William E. Medford 219-18-5898 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: Fractured cervical spine DUE TO (b) Auto accident Conditions, if any, which geva rise lo immadiate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19, WAS AUTOPSY CERTIFICATION _multiple fractures
20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. pass.in car involved in 2-car collision MEDICAL 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year Route 50 n While Not While nr Easton Talbot et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry death resulted from: Accident K Suicide Undetermined manner Natural causes Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) should Louis S.Welty Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION. 22b. DATE THEREOF REMOVAL (Specify) Parkwood (emetery Baltimore, 24O 10-10-60 burial 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Kraus Leonard J. Ruck 5395 Harford Rd. 5M 7/59

ARYLAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE ON A FARM?

YES T NO T

19 60

12. CITIZEN OF WHAT COUNTRY?

U.S.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO AC

> > (Stella)

Md

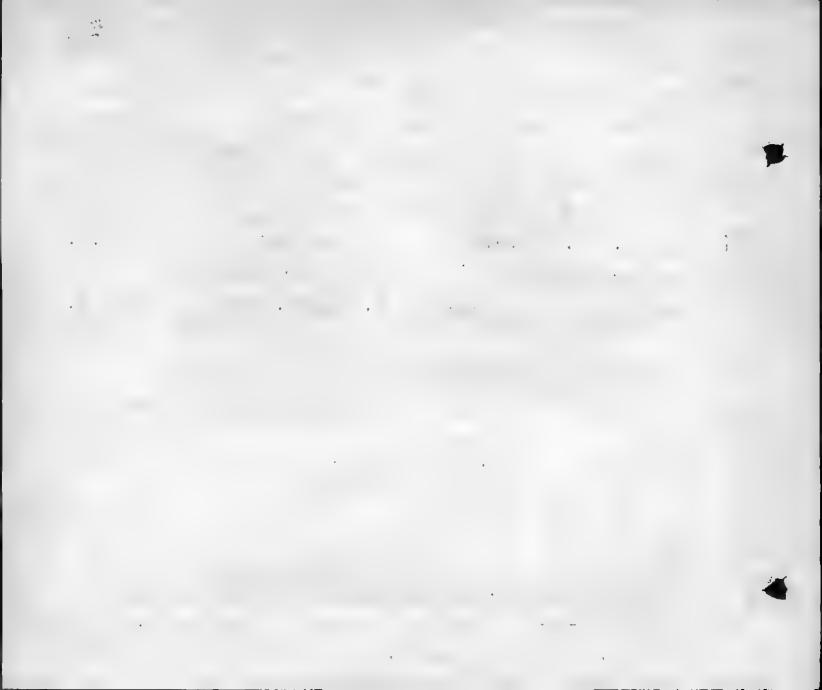
and in my opinion

DATE SIGNED

10-6-60

(County)

IF UNDER 24 HRS.



needs to filled and the funeral director, hours after death

R ATTENBING PHYSICIAM: The law requires that the death certificate be executed within 24 hours ofter death. Page 4

may be the least the hospital or attending physicion.

D. FUNER RECTOR: After this certificate has been signed by the attending physicion and completely filled page 3 shauld be detached for use as the buriol-transit permit. Then please remave carbon address I as the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 22 hours after death

TO FUNER TO HOSPI

VR A15 (4) ISM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

CERTIFICATE OF DEATH
1 PLACE OF DEATH o. COUNTY ARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY ARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY Della Tella T
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and Give nearest town) 4 Claup C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION CON A FARM? YES NOTE:
3. NAME OF DECEASED (Type or print) Mr. Chris Middle Meekins Death Cotober 9 1960
S SEX 6 COLOR OF RACE 7 MARRIED NEVER MARR
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign county) 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S MAIDEN NAME Jeorge W. Meekins James Williams
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no or unknown)
18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I DEATH WAS CAUSED BY: [Erebral Vascular Occlusion 3 day
Conditions, if any which) DUE TO Generalized anterior Scharoger yes
gave rise to immediate cause (a), stating the <u>under-</u> lying cause last. CDUE TO
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO NO
20a ACCIDENT WAS UNDERLYING COURRED. (Enter noture of injury in Part I or Port II of item 18.) CR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20c TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City ar town) (County) (State) Hour a.m. While Not while at work at work at work at work
21 I certify that (I) (this haspital) attended the deceased fram. 1953, ta OCT. 8, 1969 that (I) (we) last saw the deceased alive an OCT. 6.1969 and that death accurred a SAM, from the causes and an the date stated above
220 SIGNATURE M.D. ATTENDING MED. DIRECTOR PHYS. DO G. C. 10, 60
221 PHYSICIAN'S NAME (Type) S. Krech Tr 22d. ADDRESS (aston)
230 BLRIAL CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) /6-12-60 (Dlivet Cemetery or CREMATORY) / Thickory and
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
1/14 Cred 11 1 and VI acriation of Mechallestoct 13 60 Citing & true

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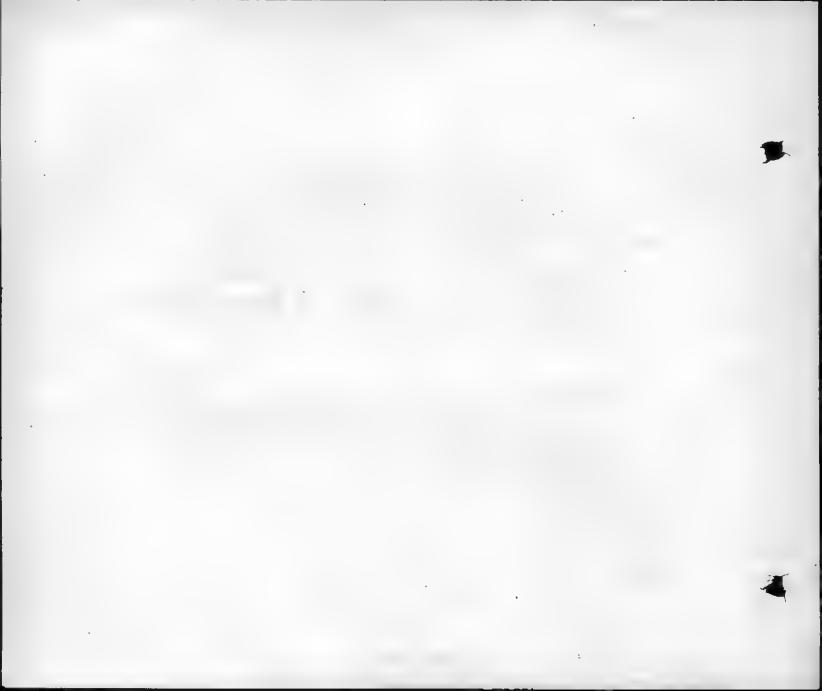
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1	PLACE OF DEATH o. COUNTY	2, USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)
		TA/bot MARYLAND	o. STATE ARY And b. COUNTY TAL BOX
	k	b. CITY OR TOWN (if outside corporate limits, write RURAL and give learest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		EASTON LIFE	Easton
	4	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
		803 Verer st	863 HOVERST YES NO L
	3	NAME OF DECEASED // First / Middle	Last 4. DATE Month, Day Year
		(Type or print) Albert E. Me	30 dy DEATH OCT. 23 19 60
	5 \$	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B	B. DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min
		MALE COL WIDOWED - DIVORCED	4/23/84 PLATE Manths Doys Hours Min.
	10o	b. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (Slote or fgreigh country) 12. CITIZEN OF WHAT COUNTRY?
		WATERMAN Gystering	MARXIAND USA,
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1		Themas Moody	Emily Green
	हे5. (Ym	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INI	FORMANT Address
		217-63-1986 C	andl Aynson, anapalor
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	1 primlines acute
		332 DUE TO	77
		Conditions, if ony, which) (b) Ceretral	arlena o clerado years
		gove rise to immediate couse (a), stating the under-	
		lying couse lost. (c)	
1	10N	PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
1	ICA1		YES NO NO
	CERTIF	20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Part I or Part II of item 1B.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
		20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Hour a. m While NoLwhile fact	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street-office bldg., etc.)
	MEDI	p. m. 19 at work at work	
		21. I certify that (I) (this hospital) attended the deceased fram	10/17. 1960, to 10/23, 1960, that (1) (we) last
		saw the deceased alive an 10/23 1960, and that de	eath accurred at 17M, from the causes and on the date stated above
		220. SIGNATURE	ATTENDING MED STAFF SIGNED
			AD PHYS DIRECTOR PHYS 10/24/60
		22c. PHYSICIAN'S NAME (Type)	22d. ADDRÉSS
		P. J. COLDENEK WIN	I Eltolon, M.
	23a	BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOGATION (City, town, or county) (Stote)
à	1	Burial 10/26/66 ST. Macha	la (en. St. // whoels g Md.
6.	24/	JUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 250 REC D BY REGISTRAR 250 REGISTRAR'S SIGNATURE 250 REC D BY REGISTRAR'S SIGNATURE 250 REGISTRAR'S SIGNATURE 250 REC D BY REGISTRAR'S SIGNATURE 250 REGISTRAR'S
-	Z.	amens loskell, 6 orlon, ma	DATE 10V 9 '60 Carthur S. France



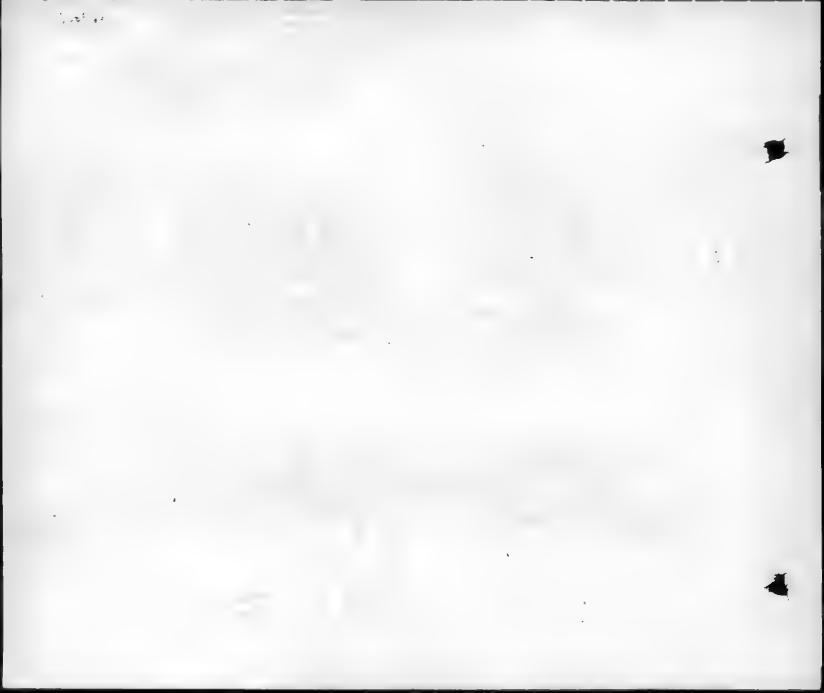
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

11836

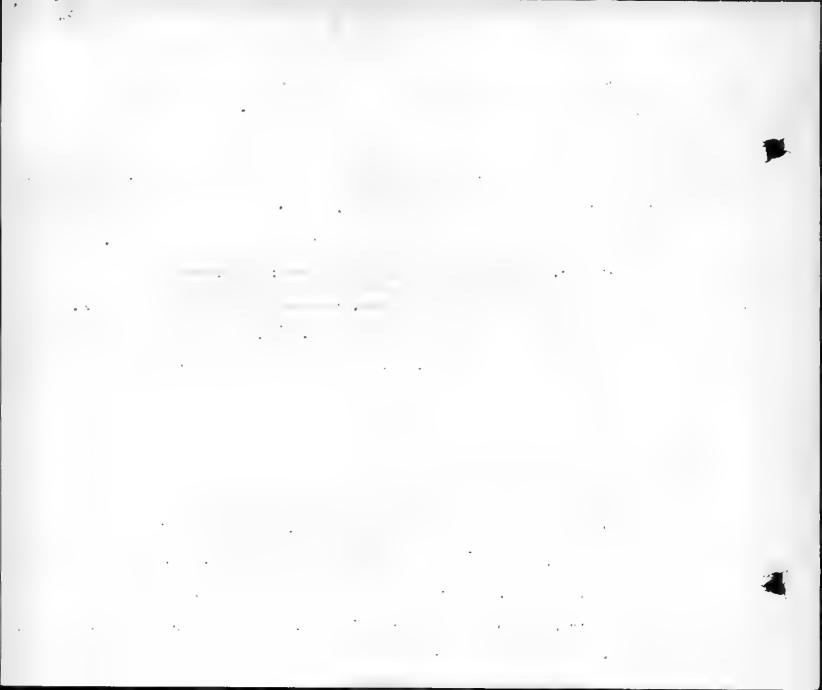
	CERTIFICATE OF DEATH
	PLACE OF DEATH L. COUNTY TA / bot MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY [Abo]
Ь	CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) EASTON Outside carporate limits, write RURAL and give nearest tawn) A CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
	a. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ME MORIAL HOSPITAL d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. N	NAME OF PIECEASED Type or print) Henrietta Middle Palmere 4. DATE OF DEATH OCT. 10 1960
5. S	TEMALE COLORED DIVORCED JUNE 9 1889 last Birthday) Manths Days Hours Min.
10a.	USUAL OCCUPATION (Give kind of work done of the life even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. AIRTHPLACE (State or foreign caunity) 12. CITIZEN OF WHAT COUNTRY 13. A
/ `	Fotoph H. Frott Rellie Rilvert
15 / (Yp)	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 17. INFORMANT (If yes, give wor or doles of service) 18. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 18. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 18. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 18. SOCIAL SECURITY NO. 18. SOCIAL SEC
	Canditions, if any, which gave rise to immediate cause (a), stating the under. lying cause last. DUE TO (b) Styffestatistic Curellia Veri Style DUE TO (c)
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NOT
1 CERTIFI	20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED While Nat while at wark at wa
	21. I certify that (1) (this hospital attended the deceased from 1000 to 1000 to 1000 that (1) (say to say the deceased alive on 1000 that do the dote stated above
	ATTENDING MED STAFF M.D. PHYS DIRECTOR PHYS
	Doctor R. Lana Wroth St. Michaels, Maryland
239	RIGHAL CREMATION, 13th GATE THEREOF 129. NAME OF CEMETERY OF CREMATORY 23d LOCATION (Filty, town, or couply) (State) Memorial (Specify) Oct. 13, 1960 Memorial Camelley M. Vaniel. Me.
24	Jamfelton Jarreson. It muchaels monte 14 60 Comma King

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be 1 by the haspital or attending physician.

TO FUNER RECTOR: After this certificate has been signed by the attending physician and campletely filled man the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the Stote Board of Health prior to burial, cremotian, or remaval, and in any event, within 72 haurs after death. VR A15 (4) 1SM 9/59



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11877 **CERTIFICATE OF DEATH** Reg. Dist. No. directa PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased Jived. If institution: Residence before admission) a. COUNTY AND b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURA) and progress Joyna funeral c LENGTH OF STAY IN 16 TOWN (If autside carporate limits, write RURAL and give nearest town) å ploods d. NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE OR INSTITUTION ON A FARM? YES NO IZ STEVENS Day Year 19 9. AGE (In years lost birthdoy) 7. MARRIED NEVER MARRIED IF UNDER 3 YEAR IF UNDER 24 HRS Months Days DIVORCED | campi paper leath. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? during most of working life were it retired) and after physician 5 mave 15. WAS DECEASED EVER IN U. S. ARMED EORCES? 16 SOCIAL SECURITY NO. attending 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY 1. ULD IMMEDIATE CAUSE (a) **DUE TO** 1, KLO Conditions, if any, Which gned gave rise to immediate DUE TO couse (a), stating the underphysician. lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate has lee as the burial-YES TI NO! 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) ь 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bidg , etc.) WED Hour o.m. While Not white 19 at work at work 1940that I last saw the deceosed 21. I certify that I ottended the deceased from alive on and that death occurred at. M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) co 22d. LOGICTION/1C/DV BURIAL, CREMATION 22c. DIAMETOR CEMETERY OF CREMATORY town, county) % agod

24b REGISTRAR'S SIGNATURE

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4g. REC'D BY REGISTEAR

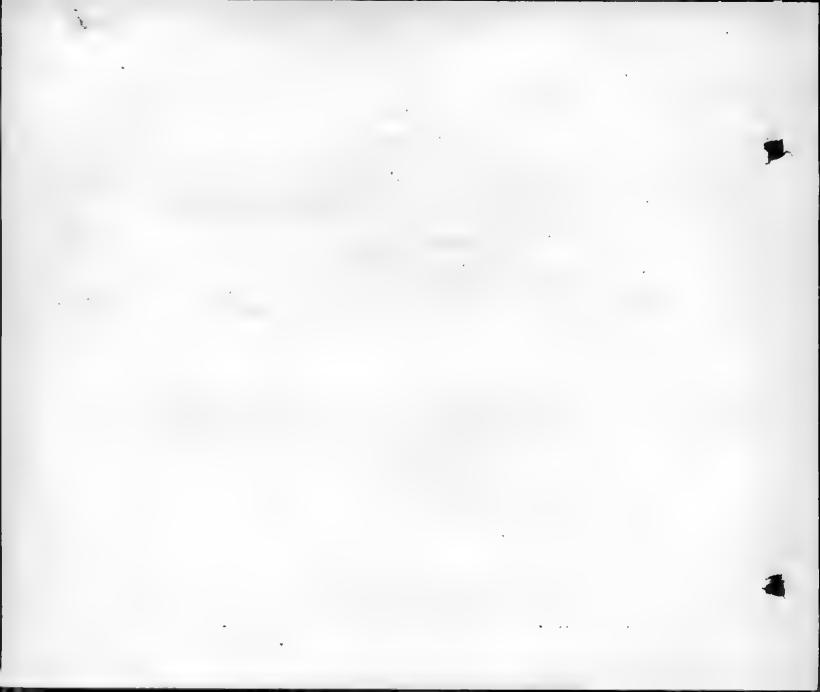
SUMERAL DIRECTOR'S SIGN



after death. Page 4		the funeral director,	should be filed with	j'
h certificate be executed within 24 hours		ling physician and campletely filled, a	se remave carban papers. Pages 1 and 2	r event, within 72 haurs after death.
To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be used by the haspital ar attending physician.	TO FUNERAL SIRECTOR: After this certificate has been signed by the attending physician and campletely filled on the funeral director.	page 3 should be detached far use as the burial-transit permit. Then please remave carban papers, Pages 1 and 2 should be filed with	the State Baard of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
TO HOSPITAL OR ATTENDI	may be a ed by the he	TO FUNERAL PIRECTOR: A	page 3 shauld be detache	the State Baard of Health

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	PLACE OF DEATH O. COUNTY ALBOT MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE ARLLAND b. COUNTY CARD LONG
)	b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) FASTON 7 days.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
- 3	d. NAME OF HOSPITAL (If not in hospito, give street oddress) OR INSTITUTION EASTON MEmorial Hosp.	d. STREET ADDRESS a is residence on a farm? YES 10 NO
	3 NAME OF DECEASED (Type or print) Harford COLGAIN	PORTER DEATH OF 3 19 C
	5 SEX 6. COLOR OR BYCE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED DI	B. DATE OF BIRTH 721 12, 1876 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR: In June 12, 1876 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 24 HR: White In June 12, 1876 9. AGE (In years If UNDER 24
	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU- during most of working life, even if retired) TO ACCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY 14. MOTHER'S MAIDEN NAME
-	WILLIAM PORTER	FORMANT Address Addres
	(Yes, nc, or usknown) (If yes, give wer or deles of service)	yrs Vaul Ealow, Medgely, kee
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (o), stoting the under-lying cause lost.	dr. aci Generely 4
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS! PERFORMED? YES NO
	20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Part I or Part II of item 18.)
		ACE OF INJURY (Home, form, 20f (City or town) (County) (Statety, street, office bldg., etc.)
		leath occurred at 7 AM, from the causes and an the date stated above
	220. SIGNATURE	ATTENDING MED STAFF SIGNE
	NAME (Type) FECX	F. HSTON: (1D)
ì	236 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OF CELL (960 President)	toro Grantero- ket.
	24. FUNERAY DIRECTOR'S SIGNATURE From Je Tow.	DATE OCT 10'60 25b. REGISTRAR'S SIGNATURE CARLLED S. KLAMA



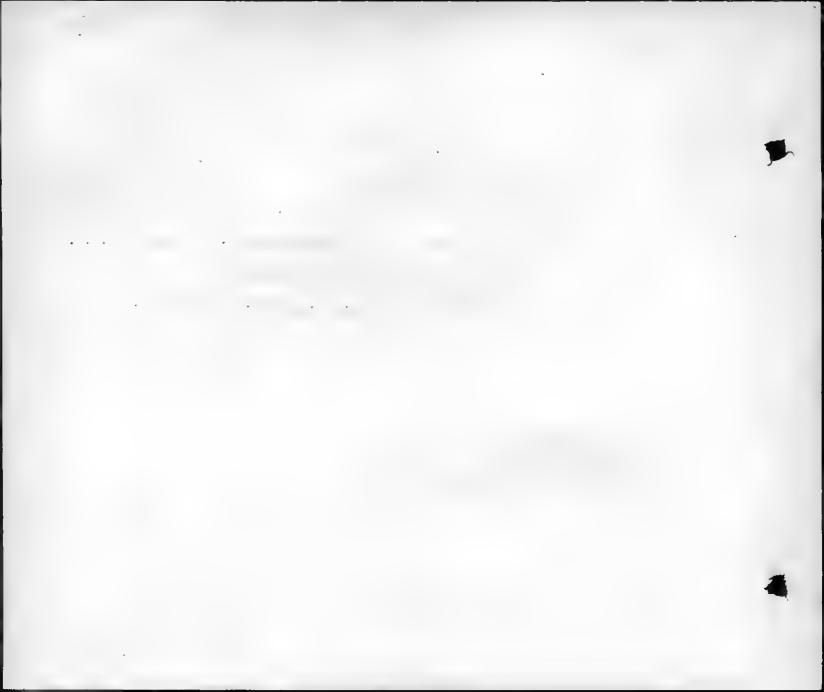
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The same											
	COUNTY	albot		MARYLA	- 13	USUAL RESIDENCE G. STATE MALE	(Where decease ryland	d lived. If instituti b. COUNTY	on. Residence		ision)
	RURAL and give nec	outside corporate limitarest town)	ts, write	c. LENGTH OF STAY IN	11Ь	c city or town	(If outside corpo	rote limits, write R	URAL and gi	ve neorest taw	(1)
		AL (If not in hospital, g	ne street of	address)	Soit	d. STREET ADDRES	Senton R	oad		ON	SIDENCE A FARM?
3	NAME OF — DECEASED (Type or print)	Tames	sì	Middle	4.20	Pulley	4. DATE OF DEATH	anto h	th	Day 4	Year 19 <i>60</i>
	male_	s. COLOR OR RACE White	7. MARRI	NEVER MARRIED DIVORCED		November 7	7. 1886	9. AGE (In years last birthdoy) 73 yrs		YEAR IF UND	1
	Retired	ng life, even if retired	dane 10b, i	Farm	INDUSTR	Souther	itate or foreign o	ountry) Virgin		J.S.A.	COUNTRY
13.	FATHER'S NAME					14 MOTHER'S MAID	_				
15	Frank P	ULLEY IN U. S. ARMED FOR	CES? 16. 5	SOCIAL SECURITY NO.	17. INFO	PRMANT	ta Gray	Add	ress		
		t yes, give wat or dates of s		None	Pa	ttie M. Po	illey, F	ederalsb	irg, M	aryland	
NO	Canditians, if on gove rise to in cause (a), stating t lying cause lost.	TH WAS CAUSED BY. IMMEDIATE CAUSE (o DUE TO Ty, which he under- (c)	Chibral a			ERMINAL DISEAS	E CONDITION GIV	EN IN PART	INTERVAL BONSET AND	D DEATH
CERTIFICATION	20a. ACCIDENT WAS	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	LURRED.	Enter nature of injur	y in Port I or Par	t II of item 18.)		YES _	ORMED?
MEDICAL C		Month, Doy, Ye	or 20d IN While at work	Not while	0e. PLAC foctor	E OF INJURY (Home, y, street, office bldg.	farm, 20f (City , etc.)	y or town)	(Co	iunty)	(State
	21 I certify that saw the decease 22a SIGNATURE	, , ,) attend	ed the deceased fr		U4 accurred at	1000 to	the causes ar	nd on the		
	Nun 1	m Hours	don		M.I	D. PHYS	MED.	STAFF PHYS		5001	SIGNE
	22c. PHYSICIAN'S NAME (Type)	HORSTON 1	4na,	21501		22d. ADDRESS	In de	my leur			
230	BURIAL, CREMAT OF REMOVAL (Specify)	Oct.7,1		23c NAME OF CEMET Beechwood	Ceme	etery	23d LOCA Boyl	tion (City, town	or caunty) ginia	(Sto	ote)
24	FUNERAL DIRECTOR'S		a, Fee	ADDRESS	, ha	O A	REC'D BY REGIST		STRAR'S SIGI		

Then please remove carban papers. Pages I and 2 shauld be filed with and in any event, within 72 hour, after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be the feet by the haspital or attending physician.

D. FUNER I RECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carban gapers. Pages 1 the State Baard of Health prior to burial, cremation, or remayal, and in any event, within 22 hour, after death. may be 1

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

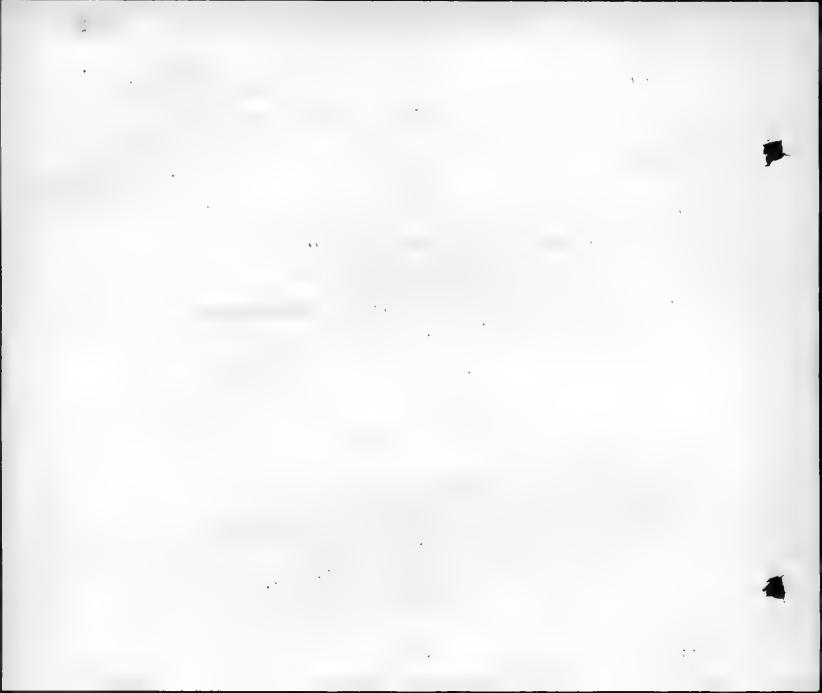
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CERTIFICATE OF DEATH								
		PLACE OF DEATH a. COUNTY I BILDOT	MARYLAND	2 USUAL RESIDENCE (V		If institution Resider	nce before admis	sion).
/		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (autside corporate lim	its, write RJRAL and	give nearest low	n)
	,	d NAME OF HOSPITAL (If not in hospital, give street of or INSTITUTION EASTON MEMBERIAL	oddress)	d STREET ADDRESS	RED/(CE	17X	ON /	SIDENCE A FARM?
		NAME OF PITS! DECEASED (Type or print) REITE EALL!	Middle	Cui 1/8m	4. DATE OF DEATH	Manth Out	Day	Year 19 62
	5 5	SEX 6. COLOR OR RACE 7 MÁRRI WIDOWE	IED NEVER MARRIED	B. DATE OF BIRTH	last	(In years IF UNDE birthday) Manths	Days Hours	
	Z	JUSUAL OCCUPATION (Give kind of work done 10b.) during most of work no yie, even if retired)	RIND OF BUSINESS OR INDI	MARL	(ANd	12.01	ISA.	COUNTRY
(ISAAC QUILLEN		14. MOTHER'S MAIDEN	n Yoshe	=((
		15 no. or unknown) (If yes, give wor or dates of service;	17-07-91341	RS, OURER Q	uillen CEA	Address HREVOLLE	MARY	AND
		18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise la immediate DUE TO	for (g), (b), and (c).	g ldin en gir	de I		ONSET AND	DEATH
	ATION	lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BL	ON WELL	MINAL D SEASE CONT	DITION GIVEN IN PA	RT 1(a) 19 WAS PERE	ORMED?
***,	CERTIFIC	200 ACC; DENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury i	n Port I ar Port II af i	lem 18)		1
	MEDICAL	Hour a.m. While		PLACE OF INJURY Home, for octory, street, office bldg , e		n)	(County)	(State
		saw the deceased dive both A Cy T	led the deceased fram	death accurred at	30M, fram the c	auses and an th	ne date state	d abave
1		220 S GNATURE CELLIFICATION S	ring	M.D ATTENDING PHYS.	MED STA		1.196	SIGNE
-	22	NAME (Type) ECH 50	Mond	· Carl	27/	/chy	and	<u> </u>
· 34	1	BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) 1 7 19(60)	230 NAME OF CEMETERY	(Correlary	Centrein	ty, town, or county)	aus Oor	Q
	>	form Il Buta Jof Bail Be	m, Columbia	-, MA, DATE O	CT 1 0 '60	arthur S.	.1 1	

TO HOSPITAL BE ATTENDING ENYMICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be red by the haspital at attending physician.

TO FUNER. SIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remain papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, at removal, and in any event, within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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PLACE OF DE	- Ta160+	MARYLA	a STATE	Where deceased lived. If institute b COUNT	tion Residence before admission)
	OWN (If outside corporate limits ligive nearest town)	, write c LENGTH OF STAY IN	a city or town i	If outside corporate limits, write	RURAL and give nearest town)
d. NAME OF OR INSTIT	HOSPITAL (If not in hospital, given to the control of the control	Haspital	d. SPARST ADDRESS	ent st	e 15 RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print	r) Ku	Hiddle +h	RAIKC3	4. DATE OF DEATH	onth Day Year Arber 11 196
FEMA	le col	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	MARCH	9. AGE (In years lost birthdoy) 82 yrs	s. Months Doys Hours Mil
ar ng most	of working life, even if retired)	Domesti	c MAI	exland	12 CITIZEN OF WHAT COUNT
13. FATHER'S NA	nkow	SET LY COCKET SECURITY NO.	MARTINE PARTY	Pha WA	schington
{Yes, no, or unknow!	SED EVER IN U. S. ARMED FORCE [If yes, give wor or dates of ser OF DEATH [Enter only one cou	vice)	Edward	Hill &	INTERVAL BETWEE
gove rise couse (a), lying cous	, (0).	Cerebral	artenes	dirais	WAS UNION TO A STATE OF THE STA
ZATIC		20b. DESCRIBE HOW INJURY OCC	Aller white and district		PERFORMED YES NO
(IF EITHER,	IBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)				40
Hour	p. m. 19	While Not while at work at work	PLACE OF INJURY (Home, for foctory, street, office bldg.,	etc) i	(County) (St
saw the	deceased alive an	attended the deceased fr			2_, 19_00, that (1) (we) I and an the date stated abo
22c. PHYSIC	T. 1. 1	g luder	M.D. ATTENDING PHYS 22d, ADDRESS	MED. STAFF DIRECTOR PHYS	725 DATE 10/12
NAME	Doctor L.J.	Eglseder	North Ha	nson, Street E	
Burn	(Spec.fy) 236 DATE THEREOF	23c MANE OF CEMETE ADDRESS	Lo Cem	23d LOCATION (City, lown,	(Stote)
TUNERAL DI	RECTOR'S SIGNATURE	PETON	, (207.0 4.100	Caraina & Kanua

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be a by the haspital ar attending physician.

TO FUNER RESTOR! After this certificate las basen signed by the attending physician and campletely filled the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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		The state of the s
\	1 PLACE OF DEATH 0. COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased fived If institution: Residence before admission) a, STATE b. COUNTY
,	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CUT OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR JUSTITUTION	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
)	Enstan MEmorial Nasp.	YES NO Z
	3. NAME OF DECEASED (Type or print) E/IZA E/IZA beth	Rich DATE Month Day Year OF DEATH CATOBER 31 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED LINEVER MARRIED LINEVER MARRIED DIVORCED	B. DATE OF BIRTH 9. AGE (In years of JUNDER 1 YEAR OF UNDER 24 HRS last birthday) yrs Months Days Haurs Min.
1	10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDL during most of working ife, even if retired)	
1	Housewite Lomestic	MARYland U.S.A.
/	Henry Rangold	MARTHA Gross
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.4 (Yes. no or unknown) [If yes. give wor or dates of service]	Arvis Rich, Ridgely In &.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c)	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	lan oran
	DUE TO	
	Canditions, if ony, which agove rise to immediate (DUE TO	
	couse (o), stoting the under- lying couse last (c)	
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		D (Enter nature of injury in Part I or Part II of Item 18)
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED to Plant Hour o. m. While Not while	ACE OF INJURY (Home, form, 20f (City or town) (Caunty) (State)
	21 I certify that III (this hispital attended the deceased fram.	death accurred a 7.2 M, from the causes and an the date stated above
1	220 SIGNATURE OF COMPANY	M.D. ATTENDING MED DIRECTOR STAFF NOV 1918 SIGNED
!	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) = C-H >c Hn719/	Fayon, Maryland.
	230 BURIAL, CREMATION, 236 DATE THEREOF 23c, NAME OF CEMETERY C	
4	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS /	250 REC'D BY REGISTRAR'S SIGNATURE
Y	Camer Roberted Caston	MO - DATE NOV 9 '60 Chilling S. Franch

TO FUNERAL CHEEKTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremotion, ar removal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs ofter death. Page 4

TO HOSPITAL VR A15 (4) 15M 9/59



VS A15 (4) 15M 9/58

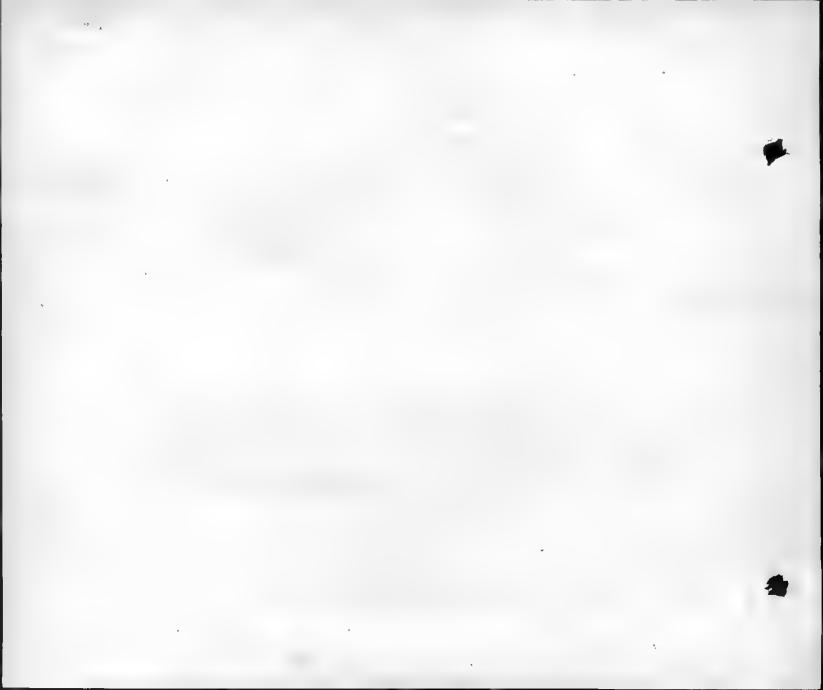
ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
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CERTIFICATE OF DEATH

M

154864	CERTIFICA	IE OF DEATH	Reg. Dist. No.
PLACE OF DEATH O. COUNTY TALBOT	MARYLAND	2. USUAL RESIDENCE (Where of STATE)77D.	b. COUNTY (LEVIT)
b. CITY OR TOWN (If outside carporate limits, write c RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsid	e carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street add FOR INSTITUTION A URSIA	IG HOME	d STREET ADDRESS	e, IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3 NAME OF DECEASED (Type or print) ANNE	Middle RD	/ "	DATE Month Day Year OF TO
FEMALE WHITE WIDOWED	DIVORCED []	DATE OF BIRTH 29, 18	9. AGE (In years let birthday) Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. Kill during mas of working life, even if retired) HOUSEWIFE	HOME	RY 11. BIRTHPLACE (Stole or fo	LAND 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME JAMES CAI	N	14. MOTHER'S MAIDEN NAMI	MINNER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO [15 yes, give wor or dates of service]		formant G. ROBINSON	3816 WOODLEA AVE. BALTO
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). Conditions, if any, which gove rise to immediate cause (a), stating the under. Iying cause last. Columnia (c)	er (a), (b), and the first of t	Hearte V	allen onser and open allens such syr,
CATIC			DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	BE HOW INJURY OCCURRED.	(Enter nature of injury in Port	(ar ran II gr irem 10)
20c. TIME OF INJURY Month, Day, Yeor 20d INJU Hour o. m. 19 While p. m. 19 at work [Not while fact	CE OF INJURY (Hame, form, 2 pry, street, office bldg., etc.)	Of (City or tawn) (County) (State)
21. I certify that Nattended the deceased alive an 19 0			fram the causes and an the date stated abave. RESS (Street, cyr of town, state) DATE SIGNED
PHYSICIAN'S RILANE	NROTH	.o. 1704 487 ₇	ST-17/ehzels, Nd 10-9-6
	CC. NAME OF CEMETERY OR	CREMATORY 22d	LOCATION (City, town, or county) (State) (ENNEDYVILLE, MD.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS POND,	MD. DATE OCT	REGISTRAR 24b. REGISTRAR'S SIGNATURE 1 1 '60 Crilling S. Krishia





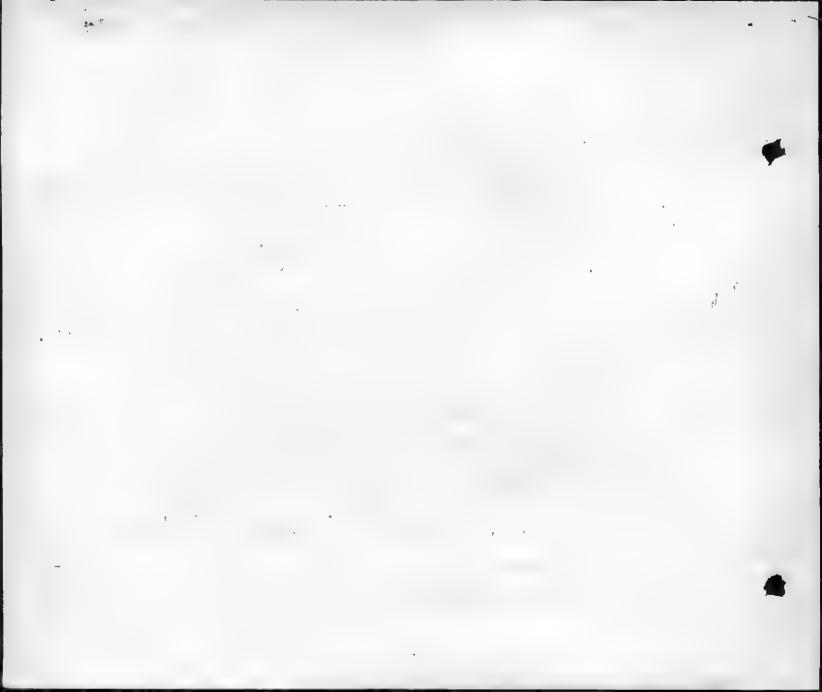
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11847

g. COUNTY	TALL	bot	MAI	RYLAND	o. STATE Ma.	(Where deceased ryland	d lived. If instit b. COUN	ution Residence	ine	
	WN (If outside corp give nearest town)		LENGTH OF STA	Y IN 1b	c. CITY OR TOWN	(If outside corpo ederals)		RURAL and gi	ve nearest town)	
d. NAME OF OR INSTITU	HOSPITAL (If not in I	hospital, give street	nemi e	is/	d STREET ADDRES	s ple Aver	nue		e IS RESIDENC ON A FARM YES NO	
3. NAME OF DECEASED (Type or print)	BA	by /s	Boy S	but	e/ t	4. DATE OF DEATH	acto	ionth bec	Doy Year	
5 SEX	6 COLOR C		RIED NEVER MAR		DATE OF BIRTH 10-2-60		9. AGE (In year lost birthdoy — Y		YEAR IF UNDER 24 I	
10a. USUAL OCC during most	UPATION (Give kind of working life, even	d of work done 10b if retired)	KIND OF BUSINESS	OR INDUSTR		State or foreign co	ountry)		EN OF WHAT COUNT	
3. FATHER'S NA Role	nd 7. Sh	hufelt			Betty F					
15. WAS DECEAS (Yes, no, or unknown)	ED EVER IN U S AR	er dates of service)	SOCIAL SECURITY N	10. 17 INFO	s Betty	Rosell	a Shu	Lelt.	305 maple	
Condition gave rise cause (a), s lying cause	t. DEATH WAS CAU IMMEDIATE by if any, which to immediate toting the under-	DUE TO OUE TO (c) DUE TO (c)	ine for (a), (b), and (c) ITUITIPLE CONTRIBUTING TO C	cong				GIVEN IN PART	ONSET AND DEM 41 min	
20a. ACCIDE	NT WAS UNDERLYIN UTING [] CAUSE O OTIFY MEDICAL EX	NG DEATH OF DEATH AMINER)	SCRIBE HOW INJURY	OCCURRED.	Enter noture of injur	y in Port I or Por	t II of item 1B.)		The state of the s	
20c, TIME OF Hour	INJURY Month, o.m. p.m.	Day, Year 20d. While of wa			OF INJURY (Hame, y, street, office bldg		or town)	(Co	ounty) (Si	
	eceased alive		ded the decease		ATTENDING _				date stated about 10 mg/s of 10 m	
22c. PHYSICI NAME?(Prank 1	. Ana cr	eon iD.	M.1	22d. ADDRESS	ralahur		yland	10-10-0	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 v the funeral director, 2 snould be filled with may be the ged by the hospital or ottending physicion.

D. FUNER, CIRECTOR: After this certificate has been signed by the ottending physicion and completely filled, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. TO FUNER VR A15 (4) 15M 9/59/



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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11848

	116:0
	LACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived. If institution Residence before admission) 5. STATE 6. COUNTY 6. COUNTY
_	TAIDOT MARYIAND PAIROT
Ь	CITY OF TOWN (If outside corporate limits, write C LENGTH OF STAY IN 1b c. CUTY OF TOWN (If outside corporate limits, write RURAL and give nearest town)
	trappe Lite Trappe, md
<	NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\frac{1}{2} \)
I N	AME OF First Middle / Last 4. DATE Month Day Year
- 0	PECEASED Smc+h DEATH 10 20 1960
S	THE PARTY OF THE P
-	EMALE (8/ WIDOWED DIVORCED 9/16/01 59 yrs. Months Days Haurs Min.
Qa.	JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY 11, BIRTHPLACE (State or foreign country)
	abover Domestic MARYAND W.S.A.
3.	ATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Ames helson Amanda Green
	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address no. or unknown) [3f yes, give wor or dates of service]
,	217-36-7731
T	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1
	IONSET AND DEATH
	IMMEDIATE CAUSE (a) CARCTINOMA OF BREAT C PULMONARY METASTASES 2-3 YRS
	/) d X DUE TO
	Conditions, if any, which (b)
	gave rise to immediate cause (o), stating the under DUE TO
	lying cause lost.
CALICA	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NO X
CERTIFIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, (City at town) (County) (State
<u> </u>	Hour o. m. While Not while foctory, street, office bldg , etc)
É	p, m, r
	21 I certify that (1) (this hospital) attended the deceased fram JULY 1960 19, ta OCT • 1960, 19, that (1) (we) ta
	saw the deceased alive an19, and that death accurred atM, fram the causes and an the date stated above
	22a. SIGNATURE ATTENDING MED STAFF 22b DATE SIGNE
	M.D. PHYS DIRECTOR PHYS D
	NAME (Type) L.J.EdLSEDER - EASTON MD. 10-22-6
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State)
7	MUTIAL 16/25/60 Trappe Com Trappe Md.
24	NERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
1	The Sol of ight of the paper 27 '60 arthur S. Kinns
1	Landy Mary Date Line Line Land Committee Commi

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hars ofter death. Page 4 may be LINER JARECTOR: After this certificate has been signed by the ottending physicion and campletely filled page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages 1 the State Board of Health prior to buriol, cremation, or removal, and in any week, within 72 hours after death. TO HOSPITAL may be TO FUNER VR A15 (4) 1SM 9/59

y the funeral director, 2 should be filed with



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAI

11040

		CERTIFICATE OF DEATH
M)	1	PLACE OF DEATH o. COUNTY ARYLAND 2 USUAL RESIDENCE (Where degeased lived If institution Residence before admission) o. STATE O. STATE O. STATE O. STATE O. COUNTY A. D. COUNTY
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) A 5 +0 10 RURAL ond give nearest town) A 5 +0 10 C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A 5 +0 10 C NAME OF HOSPITAL (If not in baspital, give street address) OR INSTITUTION C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A 5 +0 10 C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C ON A FARM? YES NO
		NAME OF DECEASED (Type or print) C/ARENCE + Middle S+AN+ON DATE Manth Day Year S+AN+ON DEATH 10 8 1960
	1	SEX 6. COLOR OR RACE 7. MARRIED PHEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) and birthdoy) 7. Months Doys Hours Min.
		USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or, foreign country) LAGORET 12. CITIZEN OF WHAT COUNTRY? LAST MARY And U.S.A.
		FATHER'S NAME NICHARD STANTON WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT Address
1)	(Ye	no. or unknown) (4 yes, give war or dates of service) 214-12-549/ Seonard Stanters, Eaten, ind.
		IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (a), stating the under-lying couse lost. [b] Utilizes Climate DUE TO DUE TO [c]
	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO.
*, E		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work DI-work County (Stote)
		21 I certify that (I) (this hospital) attended the deceased from 9/11 1257, ta 10/8 1960; that (I) (we) last sow the deceased alive on 10/6 1960, and that death occurred at 11/11 M, from the causes and on the date stated obave 220. SIGNATURE 22D DATE 7. SIGNED
1		22c PHYSICIAN'S NAME (Type) [. J. Legls der [22] ADDRESS 22c PHYSICIAN'S NAME (Type) [. J. Legls der [22] ADDRESS 22d ADDRESS 12 11 MANSON EASTON, M.L.
1 0	230	BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY THAT PER DO R.
*	24.	ENNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE DATE OCT 1 9 '60 Cultura S. Turner

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be it get by the haspital or attending physician.

TO FUNERAL STRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, crematian, or remayal, and in any prefitting 72 haurs after death. TO FUNERA VR A1S (4) ISM 9/59



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 14MARY AND
FOR STATE	1 1864 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss on)
58 . £	a. COUNTY
Page 18	b. CITY OR TOWN (1 outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (1 outside corporate limits, write RURAL and give neares)
SEET IXI	write RURAL and give nearest town)
2 0 0 0 / \	EASTON 22 hrs. Chester
P P P P P	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. 15. RESIDENCE ON A FARM?
	Memoriah Hospital
Stat	3. NAME OF First Model Last 14. DATE Month Day Year
the the he	OF TYPE OF PIPUL ROBERT HUDSON STRANTON DEATH 10 12 1960
두 등 장 두 함	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
dea dea dea dea dea dea dea dea dea dea	Mass planted Months Days Hours Min.
100 and 100 an	I did will fe the second of th
1, 2 1, 2 30 30 30 72	IDa. USUAL OCCUPATION (Give kind of work done during most of working life, even if rejured) 12. CITIZEN OF WHAT COUNTRY?
Pa Pa	- RETIRED HRMY VIRGINIA USA
T de marie	13. FATHER'S NAME
254 01	Unknown
重りにまり	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
36 - E >	Mrs. Constance Stranton Chester, M
witte Par Miles	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
in land in lan	ONSET AND DEATH
and and	IMMEDIATE CAUSE (a) Austured Gall Dladder teah
T 0 0 0 0	DUE TO C
	Conditions, if any, which) (b) CITE LOSIS OF LIVEY
S S S	gava rise to immadiate cause (a), stating the underlying DUE TO
d a d	cause lest, (c)
Tan San San San San San San San San San S	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0) 19. WAS AUTOPSY PERFORMED?
	A cute Alcoke 115m
G G G W	PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION BY THE TERMINAL DISEASE CONDITION GIVEN N PART 1. 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) PRIMARY OF CONTRIBUTION IN THE TERMINAL DISEASE CONDITION GIVEN N PART 1. 19. WAS AUTOPSY PERFORMED? YES NO 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
A Section	□ PRIMARY □ or CONTRIBUTING □ □ CAUSE OF DEATH.
E Sein	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
FO BO	Hour a.m. While Nol While Nol While
or the	
10 to 0 p	21. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry , and in my opinion
T SO T	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
IRE AGO	CHIEF MEDICAL EXAMINER
forwar forwar L DIR	ACTUAL SIGNATURE DATE SIGNED
THE BE	EXAMINER'S DEPUTY MEDICAL EXAMINER 1 10/13/60
DEF sase sase should be for FUNERAL its designate	NAME (Type) VIN (. //c y) // L) Address (Street, city, town, or county)
DEF shoul FUN its d	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
0 2 4 0 p	Butial Oct. 17 1960 Anlington Anlington Vinginia
H H	23. FUNERAL DIRECTOR ADDRESS A 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Vs. A15ME 5M 7/59	Edgar & Dane Church Hill Med. DATE OCT 19'60 Chillen S. Kines
	The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH



	It.	ems 18-21 Film 274 MARYLAND STATE DEPARTMENT OF HEALTH
1		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		11865 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11851
HEALTH DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) 9. CONTY
× 80 %		o. COJNY Tolbot MARYLAND Parvland Talbot
	-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest lown)
2 0 0		Easton 6 hours Easton
for for	2	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS b. IS RESIDENCE ON A FARM?
a ta		Memorial Haspital 106 Prospect Ave. YES NOT
Stair	3.	NAME OF First Mode Lest 4. DATE Month Dey Year DECEASED OF
1. 15 6 1- 1		(Type or print) Jamuel Galen Townsend DEATH (Cotober. 3) 1960
Haath Hay b with s eff	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF JNDER 24 HRS.
P B B B B B B B B B B B B B B B B B B B		ale Thite widowed divorced 1 2/9/1943 17 yrs.
1, 2, 2, 1, 2, 2, 1, 2, 2, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	10a	a. USJAL OCCUPATION (Give kind of work one during most of working life, even if retired) 10b. KIND OF BUS NESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
hour ges 3. Pa ges 1 hin 1	13.	Laborer Trucking Easton Maryland USA
PMS PMS		
FE E FE F		DOLOUT PHOTOLOGICAL
× 4 4 4 × 4	71	No. informant Fische 106 Prospect No. 17. Information Fisc
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]
xec Lin ong ong insit		PART I. DEATH WAS CAUSED BY. Fract. skull - Massive intracranial hemorrhage
be all earling	1	823X DUE TO
uld Min p Min p oval		Conditions, if ony, which \ (b) Auto accident 5 hrs. +
Show Show		gove rise to immediate cause
ndir iner d as		(c), stating the underlying course lest.
xan xan lon,	N N	PART II OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
ord ord ord in E	CERTIFICATION	YES X NO
T Selection of the sele	E	20e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part 1 or Part II of item 18.)
TER S A A A A A A A A A A A A A A A A A A A	-	CAUSE OF DEATH. Driver of car which struck pole
Chie	MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
X.Au W. w history or fo	W	1:30 p.m. 10/31 100 et work ot work Street Easton Talbot Ma.
Paris and		21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry . and in my opinion
SERVE		death resulted from. Natural causes , Accident (X). Suicide , Homicide , Undetermined manner
FD F P		CHIEF MEDICAL EXAMINER
Miles I		SIGNATURE A COME DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
uld be fundamental		EXAMINER'S LOUIS NEW Address (Street city town or county)
DEFERSORING be FUNERA its design	220	NAME (Type) BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) (Shele)
0 5 4 0 9		Burial 11/3/1960 Spring Hill Cemetery Easton, Maryland
VS. ATSME	23	ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 7/59		The termston Corollaston, Md. DATE NOV 3 '60 Outhur S. Kraus
	-	



11866

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11852

4 35/	-	L	CERTIFICATE OF BEATT
Page director	M)	1.	PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a STATE b. COUNTY b. COUNTY
eath.			b CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give plearest town)
ofter d the fur should			d. NAME OF HOSPITAL (If not in hospylo), give street address). OR INSTITUTION. OR INSTITUTION.
and 2	1	-	25 GYANAM St. YES NOT
then 21 h y filled loges 1 o death.	1		NAME OF DECEASED (Type or print) SARA II S TULLEY DEATH DOY YEAR DEATH 10 3 1960
letely s. Pog		S. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) WIDOWED DIVORCED DIVORCED Min.
comp paper ours o		10a	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
n ond orbon 72 h		13	FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME
ertificote g physicio remove corent, within	T	15	WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 117 INFORMANT Address Address A
ing ph			A ro, or unknown) (If yes, give wor or doles of service) Resetta Brown, Easter, Ind.
ottend ottend pleos in ony			18 CAUSE OF DEATH [Enter only one cause per line for (o), (b) and (c) } PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (n) S/30/60
y the Ther			DUE TO /
ires the			Conditions, if any which gave rise to immediate cause (a), stating the under DUE TO DUE TO Man 1960
requesion.		z	Lying couse lost. C Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY
he lov physions be riol-tre notion,	16.	CATIO	PERFORMED? YES \(\text{NO} NO FREE TEXT NO THE TEXT NO TH
IAN: T ending ficote I ficote I the bur	1 4	CERTIF	20a. ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II at item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
or officertifications of the control		MEDICAL	20c TIME OF INJURY Month, Day, Yeor 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State) Hour a. m. 19 While Holl while foctory, street, office bldg., etc.)
NG Posting Spring of the things of the thing		×	21 certify that (I) (this haspital) attended the deceased fram. 6/8/54. 19.60, that (I) (40) last
the home to the home to the leading	-		saw the deceased alive an 1960, and that death accurred at PM, from the causes and an the date stated above.
R AT	1		ATTENDING MED STAFF 10/4/500 DIRECTOR STAFF 10/4/500 DIRECTOR PHYS
Shou d	- /		122c. PHYSICIAN'S NAME (Type) L. J. EgLSEDER M.D. 122d. ADDRESS EASTON M.D.
moy be Constant of FUNER poge 3 street the Stote	,	230	PREMIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State)
5 5 g =	10	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
VR A15 (4) 15M 9/59	1	2	temes & Costen, mg. DATE OCT 19'60 Circing S. Kruss



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY 7 9/60 7	MARYLAND	2. USUAL RESIDENCE (Where deceased a. STATE Mary land	lived. If institution, Residence b. COUNTY ULLE	1.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If directe corpor	ate limits, write RURAL and giv	re nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION	dadress)	d. STREET ADDRESS	17X-2	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ort G	Lost 4. DATE OF DEATH	Ortober	Doy Yeor / S 19 60
2 / 4 / 4	RRIED NEVER MARRIED	B. DATE OF BIRTH	1 4 5 45 4 5	YÉAR F UNDER 24 HRS. Days Hours Min.
10a. USUAL QCCUPATION (Give kind of wark dane 10 during most of working life, even if retired)	Tarin Rand	Burnelle In Birthplace (Stote or foreign co	ilimille had 12. CITIZE	EN OF WHAT COUNTRY?
13. FATHER'S NAME James H	Wilson	14. MOTHER'S MAIDEN NAME	rmen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	5. SOCIAL SECURITY NO. 17. I	MERCHANT Kirky	Centrevelle	Man Cans
18. CAUSE OF DEATH [Enter only ane cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	line for (a), (b), and (c).]	- naphrita		INTERVAL BETWEEN ONSET AND DEATH
Canditions, if only, which gave rise to immediate cause (a), stating the under-lying cause last.	Lystia	= S 6		2 4/2
PART II. OTHER SIGNIFICANT CONDITION:	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE	E CONDITION GIVEN IN PART	I(a) 19. WAS AUTOPSY PERFORMED? YES NOTE
20g. ACCIDENT WAS UNDERLYING [] 20b. DI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I or Part	R of item 18.)	
Hour o. m. Whi	ξ _m	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	or town) (Co	ounty) (State)
21. I certify that (I) (this haspital) after saw the deceased alive an 10/13	10	death accurred at 12 A from		of that (1) (we) last date stated above.
220. SIGNATURE		M.D. ATTENDING MED. DIRECTOR	STAFF PHYS.	10/21/60
22c. PHYSICIAN'S NAME (Type) P. E. C.	źχ	EARLE	AVENUE.	EASTON
Baus Specify Oct 22-196,	Selem Ohe	uh Cuntery m	(catherelle	Many lead
From A Barton Barton B	co. Continuella	DATE OCT 2 5 '6		NATUKE

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) SE & COUNTY be filed MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest Jown place TON d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION DATE OF DEATH NAME OF Aiddle DECEASED Filler ages (Type or print) 6. COLOR OR 9. AGE (In years NEVER MARRIED campietely last birthday) after WIDOWED [popers. 10a. USBAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) HOURS puo 2 13. FATHER'S NAME 5 8 physicio remave exent 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending p please ony 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) the DUE TO á te has been signed by burial-transit permit. removal, Conditions, if any, which (b) gave rise to immediate DUE TO cause (o), stating the underlying cause lost. physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY crematian, or attending 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] After this certificate OR CONTRIBUTING | CAUSE OF DEATH 0.5 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year factory, street, office bldg., etc.) Haur a.m. While Not while at work at work hed for 21. I certify that (1) (this hospital) attended the deceased from.... 1950 M, fram the causes and on the date stated above. saw the deceased alive an and that death accurred ned by the DIRECTOR: detoc 22o. SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. pe M.D. pino 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) Doctor P. Evans Cox page 3 sh the State FUNE DATE THEREOF 23c. NAME OF CEMETERY OR-CREMATORY 0 ADDRESS. 250. REC'D BY REGISTRAR

11854 e. IS RESIDENCE ON A FARM? YES NO D Year 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys

12. CITIZEN OF WHAT COUNTRY?

PERFORMED?

INTERVAL BETWEEN ONSET AND DEATH

YES NO NO

(Stafe)

(County) (State)

19 6 9 that (1) (we) last

22b, DATE SIGNED

Earle, Ave. Easton. Maryland

25b. REGISTRAR'S SIGNATURE arthur S. Through

VR A15 (4) 15M 1/59

ATTENDING PHYSICIAN: The law requires that the death certificate

death. Page

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